


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # G08310	
1. Entity Name BALLARD INDUSTRIAL PAINTING AND SANDBLASTING, INC.	

Principal Place of Business PO BOX 3467 APOLLO BEACH FL 33572	Mailing Address PO BOX 3467 APOLLO BEACH FL 33572
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2331220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALLARD, MELVIN C. II 1422 JUMANA LOOP APOLLO BEACH FL 33572	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME BALLARD, MELVIN C, II	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME U00000909224
STREET ADDRESS 1422 JUMANA LOOP	CITY-ST-ZIP APOLLO BEACH FL 33572	STREET ADDRESS 05/06/08-80061-013	CITY-ST-ZIP 150.00
TITLE ST <input type="checkbox"/> Delete	NAME BALLARD, KAHLA S	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1422 JUMANA LOOP	CITY-ST-ZIP APOLLO BEACH FL 33572	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **MELVIN C. BALLARD II** **4-15-08** **813-310-9135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #