

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H91298 1. Entity Name BALLANTYNE ACCOUNTING SERVICES INC.	
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Principal Place of Business
903 N PINE HILL RD
ORLANDO, FL 32808

Mailing Address
903 N PINE HILL RD
ORLANDO, FL 32808



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2740318	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALLANTYNE, JOHN
903 N PINE HILL RD
ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALLANTYNE, ELSA L 1334 W NEW HAMPSHIRE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLANTYNE, JOHN R. 903 N PINE HILLS RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIGNONE, CYNTHIA J 1334 W NEW HAMPSHIRE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIGNONE, JOSEPH T 1334 W NEW HAMPSHIRE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/03/05-80145-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #