

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81225

FILED
May 06, 2009
Secretary of State

Entity Name: BALLARD FINISHING CONTRACTORS, INC.

Current Principal Place of Business:

JAMES P BALLARD
5400 LAKE LIZZIE DR.
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

JAMES P BALLARD
5400 LAKE LIZZIE DR.
SAINT CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-2949953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLARD, JAMES P DIRECTO
5400 LAKE LIZZIE DR.
SAINT CLOUD,FLORIDA, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALLARD, JAMES P
Address: 5400 LAKE LIZZIE DR.
City-St-Zip: ST. CLOUD, FL 34771

Title: VP () Delete
Name: LINKOUS, GERALD W
Address: 5540 NOVA RD. LOT#2
City-St-Zip: SAINT CLOUD, FL 34771

Title: TR () Delete
Name: BOUSQUET, CLIFFORD R
Address: 5274 LAKE LIZZIE DR.
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: BOUSQUET, CLIFFORD R
Address: 1635 NORA TYSON RD.
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P BALLARD

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date