2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM DOCUMENT # P01000031721 **Secretary of State** 1. Entity Name BALLCO, INC. Principal Place of Business Mailing Address POST OFFICE BOX 71 POST OFFICE BOX 71 KATHLEEN, FL 33849 KATHLEEN, FL 33849 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3707457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BALL, CHARLES WAYNE DO NOT WRITE 9118 KATHLEEY ROAD LAKELAND, FL 33849 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000137144 29/04-88627-623 (56.66 10. OFFICERS AND DIRECTORS TITLE NAME. BALL, CHARLES WAYNE STREET ADDRESS 9118 KATHLEEN ROAD CITY-ST-ZIP LAKELAND, FL 33849 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ព្រះ IN THIS SPACE NAME STREET ADDRESS CITY ST-7P រារា ៖ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, 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.

STREET ADDRESS CITY-ST-ZIP

SCANTISE AND TYPES OF PRINTED WASE OF SIGNING OFFICER OF DISCOVERY

4-23-04 (863) 559-9722

FILED