

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2005 OCT 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068221 1. Entity Name BALLARD FAMILY ENTERPRISES, INC.					
Principal Place of Business 217 NORTHEAST 8TH TERRACE DEERFIELD BEACH, FL 33441 US			Mailing Address 217 NORTHEAST 8TH TERRACE DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business 217 NE 8TH TERRACE DEERFIELD BEACH FL		3. Mailing Address 217 NE 8TH TERRACE DEERFIELD BEACH, FL			
Suite, Apt. #, etc. FL		Suite, Apt. #, etc. FL			
City & State FL		City & State DEERFIELD BEACH, FL			
Zip 33441		Country USA		4. FEI Number 56-2372291	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent BALLARD, PAULA 217 NE 8TH TERRACE DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Paula J. Vokolek</i></u> DATE <u>9-06-05</u> (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOKOLEK, PAULA J 217 NORTHEAST 8TH TERRACE DEERFIELD BEACH, FL 33441 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALLARD, CHAD 217 NORTHEAST 8TH TERRACE DEERFIELD BEACH, FL 33441 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PAULA J. VOKOLEK</i> 217 NE 8TH TERRACE DEERFIELD BEACH, FL 33441 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALLARD, RANDY 217 NORTHEAST 8TH TERRACE DEERFIELD BEACH, FL 33441 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060454023 10/10/05--01067--002 **158.75 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 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 fee empowered.					
SIGNATURE: <u><i>Paula J. Vokolek</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			9-06-05 954-725-0296 Date Daytime Phone		

10/12/05