

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90012 024 \*\*\*150.00



DOCUMENT # P03000090341

1. Entity Name  
 BLACKBALL CONSTRUCTION, INC.

Principal Place of Business  
 12204 GLENHILL DR.  
 RIVERVIEW FL 33569

Mailing Address  
 12204 GLENHILL DR.  
 RIVERVIEW FL 33569



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #  
 12204 Glenhill Dr  
 Suite, Apt. #, etc.  
 Riverview

3. Mailing Address  
 807 SW QUARRY CIR  
 Suite, Apt. #, etc.

City & State  
 FLA

City & State  
 Fortwhite FLA

Zip  
 33569

Zip  
 32038

Country

Country

4. FEI Number 41-2105423 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RIOPELLE, SUSIE I  
 12204 GLENHILL DR  
 RIVERVIEW FL 33569

7. Name and Address of New Registered Agent  
 Name  
 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 Susie I Riopelle DATE 2/14/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PD RIOPELLE, EDWARD R 12204 GLENHILL DR RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RIOPELLE, SUSIE I 12204 GLENHILL DR RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC MCCARTY, DARREN 12204 GLENHILL DR RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	807 SW QUARRY CIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORTWHITE FL 32038
TITLE NAME STREET ADDRESS CITY- ST- ZIP	807 SW QUARRY CIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORTWHITE FL 32038
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO LONGER
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susie I Riopelle DATE 2/14/07 DAYTIME PHONE # 813-294-2329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR