2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)				FILED		
DOCUMENT # P03000116239 1. Entity Name				Jan 31, 2005 08:00 AM Secretary of State		
JOHN S. BALL INC.				Secretary of Star	ie	
Principal Place of Business		Mailing Address				
7715 VERNA BETHANY RD. MYAKKA CITY FL 34251 US		7715 VERNA BETHANY MYAKKA CITY FL 3429 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt #, etc.		1 st MOORE CR2E034 (10/04	.)	
City & State		City & State		4. FEI Number 56-2407372	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75	Additional	
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent		
D.4.1	1 1011110		Name			
BALL, JOHN S 7715 VERNA BETHANY RD. MYAKKA CITY FL 34251			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip	Code	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar v	with, and accep	
SIGNATURE .	Signature, typed of printed name of registered agen	t and title if applicable (NOTE	Rogistered Agent signature require	od when reinstalling) DATE		
F	TLE NOW!!! FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing	\$5.00 May B	
	May 1, 2005 Fee Will Be \$550.06 k Payable to Florida Department of				Added to Fees	
10.	OFFICÉRS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 11	
HILE	P COUNC	☐ Delete	TITLE	U00000207798 ^{□ cha} 02/01/05-80061-003 150	nge 🔲 Anklišk	
NAME STREET ADDRESS	BALL, JOHN S 7715 VERNA BETHANY RD.		STREET ADDRESS	02/01/05-80061-003 150	0.00	
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STREET ADDRESS			STRELT ADDRESS			
CITY - ST - ZIP	<u></u>		CITY ST-78P			
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address,	in this filling does not qualify for I is true and accurate and that my powered to execute this report a with all other like empowered.	the exemption stated in S y signature shall have the is required by Chapter 60	ection 119,07(3)(i), Florida Statutes. I further certify that t same legal effect as if made under oath, that I am an off 17, Florida Statutes, and that my hame appears in Block	he information ficer or director 10 or Block 11	

1-24-05

Daylime Phone #