2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Feb 26, 2008 8:00 am **Secretary of State** DOCUMENT # P03000116239 1. Entity Name 02-26-2008 90006 028 ***150.00 JOHN S. BALL INC. Principal Place of Business Mailing Address 7312 LAKE FOREST GLEN 7312 LAKE FOREST GLEN **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 56-2407372 Not Applicable Zφ Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALL, JOHN S Street Address (P.O. Box Number is Not Acceptable) 7312 LAKE FOREST GLEN **BRADENTON FL 34202** City 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 Signature, typed or preced hence of registered agent and the Enephastic. (NOTE: Registered Agent eligiesture required when rejectating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Descre Change ☐ Addition MAME BALL, JOHN S NAME 7312 LAKE FOREST GLEN STREET ADDRESS STREET ADDRESS CITY-ST-7P **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ De∈te TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP 10114 De ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE De ele TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-\$1-719 CHY-SI-7FP TITLE De ete ☐ Change Addition NAME

12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal offect 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 officer like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JOHN S. BALL 2-15-08