


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000146980 1. Entity Name MICHAEL BALLARD, INC.	
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Principal Place of Business 124 WIPPLETREE RD. HOLLISTER, FL 32147	Mailing Address P.O. BOX 520 HOLLISTER, FL 32147
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0484639	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BALLARD, MICHAEL  
124 WIPPLETREE RD.  
HOLLISTER, FL

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BALLARD, MICHAEL P O BOX 520 HOLLISTER, FL 32147
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04/25/07-80013-025 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michael Ballard Michael Ballard 4/13/07 (386)328-4221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #