

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000146980 1. Entity Name MICHAEL BALLARD, INC.		Apr 09, 2008 08:00 Secretary of State																																									
Principal Place of Business 124 WIPPLETREE RD. HOLLISTER, FL 32147		Mailing Address P.O. BOX 520 HOLLISTER, FL 32147																																									
DO NOT WRITE IN THIS SPACE		 04042008 No Chg-P CR2E034 (11/05)																																									
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 20-0484639</td><td style="width: 20%;">Applied For Not Applicable</td></tr></table>		4. FEI Number 20-0484639	Applied For Not Applicable																																						
		4. FEI Number 20-0484639	Applied For Not Applicable																																								
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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.																																											
<table border="0" style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE _____</td><td style="width: 40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td><td style="width: 20%; text-align: right;">DATE _____</td></tr></table>				SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____																																					
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td>PSD</td></tr><tr><td>NAME</td><td>BALLARD, MICHAEL</td></tr><tr><td>STREET ADDRESS</td><td>P O BOX 520</td></tr><tr><td>CITY - ST - ZIP</td><td>HOLLISTER, FL 32147</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	PSD	NAME	BALLARD, MICHAEL	STREET ADDRESS	P O BOX 520	CITY - ST - ZIP	HOLLISTER, FL 32147	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE	PSD																																										
NAME	BALLARD, MICHAEL																																										
STREET ADDRESS	P O BOX 520																																										
CITY - ST - ZIP	HOLLISTER, FL 32147																																										
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY - ST - ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY - ST - ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY - ST - ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY - ST - ZIP																																											
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: 		Apr 6 4, 2008 (386) 328-4221																																									