

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000022067	
1. Entity Name R BALLAS INC	

Principal Place of Business 605 11TH AVE N JACKSONVILLE BCH FL 32250	Mailing Address 605 11TH AVE N JACKSONVILLE BCH FL 32250
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc	3. Mailing Address State, Apt. #, etc
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 20-0682771	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALLAS, ROBERT T 605 11TH AVE N JACKSONVILLE BCH FL 32250	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent must sign request when submitting.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLAS, ROBERT T 605 11TH AVE N JACKSONVILLE BCH FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 000000925291 05/20/08-80019-018 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Robert T. Ballas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR