

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90191 043 ***150.00

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DOCUMENT # P04000055678 1. Entity Name BALLPARK PUBLICATIONS, INC.			
Principal Place of Business 8374 MARKET STREET #212 BRADENTON, FL 34202 US		Mailing Address 8374 MARKET STREET #212 BRADENTON, FL 34202 US	
2. Principal Place of Business - No P.O. Box # 6547 midnight Pass Rd Suite, Apt. #, etc. # 31		3. Mailing Address 6547 midnight Pass Rd. Suite, Apt. #, etc. # 31	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34242		Zip 34242	
Country		Country	
4. FEI Number 20-2565487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROPEX, JOHN M III 6547 MIDNIGHT PASS ROAD #31 SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name John M Roper II Street Address (P.O. Box Number's Not Acceptable) City 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 DATE 9 April 08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPER, JOHN M II 8374 MARKET STREET, #212 BRADENTON, FL 34202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6547 midnight Pass Rd. #31 Sarasota, FL 34242	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		9 April 2008 741-346-7252 <small>Date Daytime Phone #</small>	