


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90199 012 ***150.00

DOCUMENT # P04000079417	
1. Entity Name BALUBA, INC.	

Principal Place of Business 2496 THUNDELL DRIVE TALLAHASSEE, FL 32303	Mailing Address 2496 THUNDELL DRIVE TALLAHASSEE, FL 32303
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00001110



2. Principal Place of Business - No P.O. Box # 4755 Knollwood Drive	3. Mailing Address 4755 Knollwood Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04112007 Chg-P CR2E034 (12/06)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32303	Zip 32303
Country	Country

4. FEI Number 20-1199329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKEANS, BARBARA L 2496 THUNDELL DRIVE TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PST	<input type="checkbox"/> Delete
NAME SKEANS, BARBARA L	Name change due to marriage
STREET ADDRESS 2496 THUNDELL DRIVE	
CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE V	<input type="checkbox"/> Delete
NAME BAULDREE, AARON N	
STREET ADDRESS 2496 THUNDELL DRIVE	
CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Barbara Bauldree	
STREET ADDRESS 4755 Knollwood Drive	
CITY-ST-ZIP Tallahassee, FL 32303	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Aaron Bauldree	
STREET ADDRESS 4755 Knollwood Drive	
CITY-ST-ZIP Tallahassee, FL 32303	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Barbara L Bauldree **Barbara L Bauldree** 4/19/07(850) 504-2496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #