2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000085060

1. Entity Name
BALLARD'S EXCAVATION & LAND CLEARING, INC.

Principal Place of Business	Mailing Address
3530 COUNTY RD 78 WEST LABELLE, FL 33935	3530 COUNTY RD 78 WEST LABELLE, FL 33935

DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0118569
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALLARD, DEBORAH A
3530 COUNTY RD 78 W
LABELLE, FL 33935

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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: Deborah A Ballard, Sec/Pres 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALLARD, EDWARD E
STREET ADDRESS	3530 CTY RD 78 WEST
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	ST
NAME	BALLARD, DEBORAH A
STREET ADDRESS	3530 CTY RD 78 WEST
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	V
NAME	MIKELSON, DANIEL
STREET ADDRESS	3255 29TH AVE. SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/08-80012-023 158.75

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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: Deborah A Ballard Deborah A Ballard Sec/Pres 4/29/08 863-674-1292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #