## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2007 08:00 A Secretary of State DOCUMENT,# P05000024433 1. Entity Name D.V. BALLARD CUSTOM CABINETS, INC. Principal Place of Business Mailing Address 2001 CATTLEMAN RD UNIT JJ 2001 CATTLEMAN RD UNIT JJ SARASOTA, FL 34232 SARASOTA, FL 34232 No Chg-P CR2E034 (11/05) 04182007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0301425 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALLARD, DILLARD V DO NOT WRITE 2001 CATTLEMAN RD UNIT JJ SARASOTA, FL 34232 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. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BAULORD, DILLARD V 2001 CATHLEAN RD UNIT 55 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U000000719813 STREET ADDRESS 05/01/07-80079-013 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

SUMMATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTO

4/18/07

941-321-1497

**FILED** 

Daytime Phone #