


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000065020		
1. Entity Name BALLARD TRUCKING, INC.		

Principal Place of Business 7005 BRUSHEY POND RD GRAND RIDGE, FL 32442	Mailing Address P.O. BOX 507 GENEVA, AL 36340
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7005 Brushey Pond Rd.
City & State	City & State Grand Ridge FL
Zip	Zip 32442
Country	Country USA

FILED  
06 JUL 27 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2776120	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLENBURG, LISA 1136 ENGLISH LN WESTVILLE, FL 32464	7. Name and Address of New Registered Agent Name BALLARD, ROBERT Street Address (P.O. Box Number is Not Acceptable) <del>7005 BRUSHEY POND RD</del> 7005 BRUSHEY POND RD. City Grand Ridge FL Zip Code 32442
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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: *Robert D Ballard* (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLARD, ROBERT D 7005 BRUSHEY POND RD GRAND RIDGE, FL 32442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200078380952 08/04/06--01043--027 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Robert D Ballard* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-06 (850) 592-4682 Date Daytime Phone #