

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE  
10410-2006 90320 044 \*\*\*150.00  
FILED

DOCUMENT # P05000150302

1. Entity Name  
BALL FAMILY 3, INC.



06 JUL 11 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
15513 COUNTY ROAD 455  
MONTEVERDE, FL 34756

Mailing Address  
15513 COUNTY ROAD 455  
MONTEVERDE, FL 34756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-P CR2E034 (11/05)

4. FEL Number  
55-0917230

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BALL, VICKIE M  
15513 COUNTY ROAD 455  
MONTEVERDE, FL 34756

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BALL, GEOFFREY L	
STREET ADDRESS	15513 COUNTY ROAD 455	
CITY-ST-ZIP	MONTEVERDE, FL 34756	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALL, VICKIE M	
STREET ADDRESS	15513 COUNTY ROAD 455	
CITY-ST-ZIP	MONTEVERDE, FL 34756	
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	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ball, Geoffrey L	
STREET ADDRESS	15513 County Road 455	
CITY-ST-ZIP	Monteverde, FL 34756	
TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ball, Vickie M.	
STREET ADDRESS	15513 County Road 455	
CITY-ST-ZIP	Monteverde, FL 34756	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ball, Randall E.	
STREET ADDRESS	15513 County Road 455	
CITY-ST-ZIP	Monteverde, FL 34756	
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: Vickie M Ball Vickie M. Ball (407) 797-6310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document corrected per Diane, with attorney's office. DSC