2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
13 JAN 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10312013 Chg-P CR2E034 (12/11)

DOCUMENT # P09000048772

1. Entity Name
W F BALL ON FOWLER INC

Principal Place of Business
910 E. FOWLER AVE
TAMPA, FL 33612

Mailing Address
910 E. FOWLER AVE
TAMPA, FL 33612

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
30-0539982
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BALL, WILLIAM
910 E. FOWLER AVE
TAMPA, FL 33612

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 reinstating) DATE

FILE NOW!! FEE IS $550.00
Due by September 27, 2013

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BALL, WILLIAM	
STREET ADDRESS	910 E. FOWLER AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

700254148907
11/22/13--01002--005 **150.00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1/18

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

www.[redacted].org Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

Search By Document ID

p09000048772

Search

Session

Transaction ID	Description	Filing Stage
p09000048772-03f2ab8a-afc0-43e8-ab72-5226ad275826	Session file for p09000048772 with last modified date of 1/18/2013 8:49:10 AM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
p09000048772-03f2ab8a-afc0-43e8-ab72-5226ad275826	P09000048772	150	0	1/18/2013 8:49:13 AM
P09000048772-78a2fb63-46c9-43a1-bade-96cc80a03436	P09000048772	0	2	1/25/2011 12:00:00 AM
P09000048772-8e5dc2b4-370f-4d90-a99e-2a54467da787	P09000048772	0	2	1/6/2012 12:00:00 AM
P09000048772-f3c34700-55eb-48de-8f56-bbac5d31dace	P09000048772	0	2	1/25/2011 12:00:00 AM

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