

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **PI0000028939**

1. Entity Name

**Made Ball Apparel, Inc.**



**FILED**

**11 JUL 18 PM 3:54**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

**4880 51ST ST. W.**

3. Mailing Address

**4880 51ST ST. W.**

Suite, Apt. #, etc.

**1002**

Suite, Apt. #, etc.

**1002**

City & State

**BRADENTON FL.**

City & State

**BRADENTON FL.**

4. FEI Number

**FED# 80-0586583**

☒ Applied For

☐ Not Applicable

Zip

**34210**

Country

**USA**

Zip

**34210**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034B (1/11)

7. Name and Address of Current Registered Agent

Name

**D. Keith Kirchgesner**

Street Address (P.O. Box Number is Not Acceptable)

**4880 51ST ST. W. APT. 1002**

City

**BRADENTON**

FL

Zip Code

**34210**

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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.

SIGNATURE

**D. Keith Kirchgesner**

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**7-6-11**

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR's \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

**madeballapparel@live.com**  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CEO  
D. KEITH KIRCHGESNER  
4880 51ST ST. W. 1002  
BRADENTON FL. 34210**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**BRADENTON FL. 34210**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**To Completed**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**WHEN**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ORGANIZED**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 815 F.S.

SIGNATURE:

**D. Keith Kirchgesner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**7-6-11 941 201-4926**

7/19w