


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90201 040 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P93000000051</b><br>1. Entity Name<br><b>BALO PROPERTIES, INC.</b> |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>1861 PLACIDA ROAD<br/>SUITE 204<br/>ENGLEWOOD, FL 34223 US</b> | Mailing Address<br><b>3005 CARING WAY<br/>PORT CHARLOTTE, FL 33952 US</b> |
|--|---|

**60030585**



04192006 No Chg-P CR2E034 (11/05)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0395384</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

**6. Name and Address of Current Registered Agent**

**LORICCO, CARLO J  
3005 CARING WAY  
PORT CHARLOTTE, FL 33952**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>BATSEL, C G<br/>1861 PLACIDA ROAD, STE 204<br/>ENGLEWOOD, FL</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP<br/>LORICCO, CARLO J.<br/>3005 CARING WAY<br/>PORT CHARLOTTE, FL 33952</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/06**  
Date Daytime Phone #