

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000000102

1. Entity Name
BALLET VILLAGES DEVELOPMENT CORP.



Principal Place of Business
4239 NORTHLAKE BLVD
SUITE D
PALM BCH GDNS, FL 33410 US

Mailing Address
4239 NORTHLAKE BLVD
SUITE D
PALM BCH GDNS, FL 33410 US



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0459613

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
4239 NORTHLAKE BLVD
SUITE D
PALM BCH GDNS, FL 33410

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000258657
03/10/05-80049-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CROSSEN, JOSEPH F
701 US HWY 1 SUITE 101
NORTH PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HOWLAND, LYLE
20 BLACK HORSE LN
COHASSET, MA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

2-8-05 (261) 626-2702