

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000100927

1. Entity Name
BALLANTINE, INC.



Principal Place of Business
16520-26 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908

Mailing Address
16520-26 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BALLANTINE, RICHARD
16520-26 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BALLANTINE, RICHARD
STREET ADDRESS 16520-26 SOUTH TAMiami TRAIL
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE T
NAME BALLANTINE, ELIZABETH ANN
STREET ADDRESS 16520-26 SOUTH TAMiami TRAIL
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE V
NAME BALLANTINE, RICHARD J JR
STREET ADDRESS 16520-26 SOUTH TAMiami TRAIL
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE S
NAME BALLANTINE, LISA F
STREET ADDRESS 16520-26 SOUTH TAMiami TRAIL
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000321976
04/21/05-80098-025 158.75

**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)(f), 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:

Elizabeth Ann Ballantine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 239
433-2430
Date Daytime Phone #