## **2005 FOR PROFIT CORPORATION**

**FILED** 

	ANNUAL R	Feb 24, 2005 08:00 A				
1. Entity Nam	MENT # P9700005205 9 BALL, INC.	2			Secre	tary of State
	ILLSBOROUGH AVE	lailing Address 11236 WEST HILLSBOROUGH TAMPA, FL 33635 US	· • • · · · · · · · · · · · · · · · · ·	 	EIIL 95111 68111 N9191 B	IAN KALUERU BAKA KALURA 6 1408
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DO NOT WRITE IN THIS SPACE			CE	02082005 No C	hg-P CR	2E034 (10/03)
,			-	4. FEI Number 59-3468812		Not Applicable
				5. Certificate of Status I	Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent		<u>'                                    </u>	7	
MILLER, KENNETH 11236 W. HILLBOROUGH AVE TAMPA, FL 33635-9719			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	L ed office or register	red agent, or both, in the S	tate of Florida. 1	am familiar with, and accept
SIGNATURE Signature, typod of printed name of registered agent and title if applicable. (NOTE: Registered Agent sign				when reinstalling)	0.4	(TE
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS				
DILE NAME STREET ADDRESS CITY-ST-ZIP	DVS MCCLURE, MARGARET C 11236 W HILLSBOROUGH AVE TAMPA, FL 336359719	-		11476		od0 47-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, KENNETH J 6024 WILSTHER DRIVE TAMPA, FL 33615				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRI	TE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		<del></del>		IN THIS	SPAC	Œ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
TITLE NAME STREET ADDRESS			L 7 =	<u> </u>		

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 tike empowered.

SIGNATURE: \_

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR