2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000079360

1. Entity Name CANNONBALL, INC.



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

14138 KULIG COURT HUDSON, FL 34667 14138 KULIG COURT HUDSON, FL 34667

US



DO NOT WRITE IN THIS SPACE

03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3531546

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDUCI, MARTHA 14138 KULIG COURT HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed in printed name of registered agent and the if	applicable (NOTE Registered	i Agent signature	required when reinstating)	DAIE .
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	D				U00000890269 04/22/08-50088-010 150.00
NAME	BENEDUCI, MARTHA				u4/22/U8-30088-010 150.00
STREET ADDRESS	14138 KULIG COURT				
CITY-ST-ZIP	HUDSON, FL 34667				
TITLE	S				
NAME	LIS, GEORGETTE .				
STREET ADDRESS	14135 KULIG COURT				
CITY-ST-ZIP	HUDSON, FL 34667				
TITLE	T				
NAME	LIS, MARK				
STREET ADDRESS	14138 KULIG CT			DO	NOT WRITE
CITY - ST - ZIP	HUDSON, FL 34667			DO	ITO! WITH
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NAME .					
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12. Thereby 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 of the na address, with all other like empowered.

SIGNATURE:

CITY-S1-ZIP

TITLE *

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 727-274-3085 Daylerd Prood #