

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000047261

1. Entity Name  
BALLAST POINT MANAGEMENT SERVICES, INC.



FILED

Jan 23, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
11300 4TH ST. NORTH  
STE 200  
ST. PETERSBURG, FL 33716-2940

Mailing Address  
11300 4TH ST. NORTH  
STE 200  
ST. PETERSBURG, FL 33716-2940



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3579011

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

CHADWICK, JAMES M  
11300 4TH ST. NORTH  
ST. PETERSBURG, FL 33716-2940

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
CHADWICK, JAMES M  
11300 4TH ST. NORTH  
ST. PETERSBURG, FL 337162940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
KEENE, BRUCE R  
11300 4TH ST. NORTH  
ST. PETERSBURG, FL 337162940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
SEMBLER, M. STEVEN  
11300 4TH ST. NORTH  
ST. PETERSBURG, FL 337162940

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 reports 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 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 #

Bruce Keene, President

1/14/04

727-577-9197