## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04805

Entity Name: BALL PARK FOOD SERVICES, INC.

FILED Feb 12, 2009 Secretary of State

301 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

301 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32202 US

FEI Number: 59-3106915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAGAN, MARY FRANCES 2280 SHEPARD ST # 103 JACKSONVILLE, FL 32211 US BRAGAN, MARY FRANCES 1853 BUCCANEER CIR EAST JACKSONVILLE, FL 32225 US

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.

SIGNATURE: 02/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: BRAGAN, BONITA Name: BRAGAN, NANCY

Address: 301 A. PHILIP RANDOLPH BLVD. Address: 1853 BUCCANEER CIR EAST City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32225

Title: PTS Title: (X) Change ( ) Addition ( ) Delete Name: BRAGAN, MARY FRANCES Name: BRAGAN, MARY FRANCES 2280 SHEPARD ST # 103 Address: 1853 BUCCANEER CIR EAST Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: BRAGAN, BONITA

Address: Address: 301 A PHILIP RANDOLPH BLVD
City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FRANCES BRAGAN PTS 02/12/2009