


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000047261**

1. Entity Name  
**BALLAST POINT MANAGEMENT SERVICES, INC.**



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
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**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3579011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (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
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000000011477  
 01/23/04-80039-012 150.00

**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: Bruce Keene *1/14/04* Date 727-577-9197 Daytime Phone #

BRUCE KEENE, President