


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90048 023 \*\*\*150.00

**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
--	--

40007047



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3579011	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 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 like empowered.

SIGNATURE:  1/14/05 (727) 577-9197  
Signature and Title of Officer or Director Date Daytime Phone #