


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 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
--	--

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3579011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006 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	

000000451314
03/10/06-80049-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 with an address, with all other like empowered.

SIGNATURE:  2/15/06 (727) 577-9197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Bruce Keene, President