


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90073 033 ***158.75

DOCUMENT # P04000140396

1. Entity Name
BALLAST POINT HOMES DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
11300 FOURTH ST N, STE 200 **11300 FOURTH ST N, STE 200**
ST PETERSBURG, FL 33716 **ST PETERSBURG, FL 33716**

40072106



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
55-0885045 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 FOURTH ST N, STE 200
ST PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name **BALLAST POINT GROUP LLC**

Street Address (P.O. Box Number is Not Acceptable)

11300 4th St. N., Suite 200

City **St. Petersburg** State **FL** Zip Code **33716**

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: *Julie V. Fanelli* **Julie V. Fanelli** **4/17/07**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	11300 FOURTH ST N, STE 200	
CITY-ST-ZIP	ST PETERSBURG, FL 33716	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHADWICK, JAMES M	
STREET ADDRESS	11300 FOURTH ST N, STE 200	
CITY-ST-ZIP	ST PETERSBURG, FL 33716	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEENE, BRUCE R	
STREET ADDRESS	11300 4TH ST. N., SUITE 200	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bruce Keene* **Bruce Keene** **4/17/07** **727-577-9197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #