

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P04000140396



1. Entity Name
BALLAST POINT HOMES DEVELOPMENT CORPORATION

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

Mailing Address
 11300 FOURTH ST N, STE 200
 ST PETERSBURG, FL 33716



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **55-0885045** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BALLAST POINT GROUP LLC
 11300 FOURTH ST N, STE 200
 ST PETERSBURG, FL 33716

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, 2008 Fee will be \$550.00

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

1600000956706

10. OFFICERS AND DIRECTORS

04/08/08-80041-001 150.00

TITLE	STD
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 FOURTH ST N, STE 200
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	VPD
NAME	CHADWICK, JAMES M
STREET ADDRESS	11300 FOURTH ST N, STE 200
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	PD
NAME	KEENE, BRUCE R
STREET ADDRESS	11300 4TH ST. N., SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
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 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

3/17/08

(727) 571-9197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #