

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91298

Entity Name: BALLANTYNE ACCOUNTING SERVICES INC.**Current Principal Place of Business:**903 N PINE HILLS RD
ORLANDO, FL 32808**Current Mailing Address:**903 N PINE HILL RD
ORLANDO, FL 32808**FEI Number:** 59-2740318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALLANTYNE, JOHN R
903 N PINE HILL RD
ORLANDO, FL 32808 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BALLANTYNE, ELSA L
Address	3952 OCOEE APOPKA RD
City-State-Zip:	APOPKA FL 32703

Title	PRESIDENT, DIRECTOR
Name	BALLANTYNE, JOHN R
Address	903 N PINE HILLS RD
City-State-Zip:	ORLANDO FL 32808

Title	VP
Name	BRIGNONE, CYNTHIA J
Address	3952 OCOEE APOPA RD
City-State-Zip:	APOPKA FL 32703

Title	DIRECTOR, TREASURER
Name	BALLANTYNE, MICHELE L
Address	903 N PINE HILL RD
City-State-Zip:	ORLANDO FL 32808

Title	SECRETARY
Name	BALLANTYNE, JESSICA NOELLE
Address	903 N PINE HILL RD
City-State-Zip:	ORLANDO FL 32808

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R BALLANTYNE

PRESIDENT

04/23/2019

Electronic Signature of Signing Officer/Director Detail_____
Date