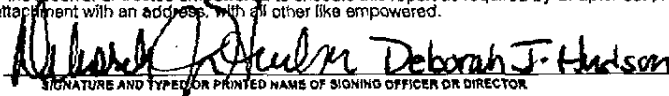


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002468		
1. Entity Name S. B. BALLARD CONSTRUCTION COMPANY		
Principal Place of Business 2828 SHIPPS CORNER RD VIRGINIA BEACH, VA 23453		Mailing Address 2828 SHIPPS CORNER RD VIRGINIA BEACH, VA 23453
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		 03032006 No Chg-P CR2E034 (11/05)
		4. FEI Number 54-1624392
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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	PT BALLARD, STEPHEN B 1812 ARNOLD CIRCLE VIRGINIA BEACH, VA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEADRICK, DANNY L 1580 LEVEL LOOP VIRGINIA BEACH, VA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, DEBORAH J 522 MARSH DUCK WAY VIRGINIA BEACH, VA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCE PAYNE, MARK 820 PLYMOUTH LANE VIRGINIA BEACH, VA 23451	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFE BARRETT, WAYNE 8538 OLD OCEAN VIEW RD NORFOLK, VA	
TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/3/06 757-440-5535 Date Daytime Phone #