


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 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**



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
54-1624392

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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


U00000919819  
05/14/08-80015-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT BALLARD, STEPHEN B 1612 ARNOLD CIRCLE 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	
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:  **4/16/08** **757-440-5555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #