


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000029108
 1. Entity Name
 BLOUNT STREET MANAGEMENT, INC.



Principal Place of Business Mailing Address
 P.O. BOX 3622 P.O. BOX 3622
 MILTON, FL 32572 MILTON, FL 32572

DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 20-0666304 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
 MARCUS, HAROLD E JR.
 5603 CHUMUCKLA HWY.
 PACE, FL 32571

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: *Harold E. Marcus* PRES. DATE: 2/18/08

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

U00000847037
 03/19/08-80003-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | P |
| NAME | MARCUS, HAROLD E JR. |
| STREET ADDRESS | 5603 CHUMUCKLA HWY. |
| CITY- ST- ZIP | PACE, FL 32571 |
| TITLE | D |
| NAME | POLLAK, LEWIS B SR. |
| STREET ADDRESS | 6730 NORTH EPPING FOREST WAY, #107 |
| CITY- ST- ZIP | JACKSONVILLE, FL 32217 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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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: *Harold E. Marcus* Harold E. Marcus DATE: 2/18/08 DAYTIME PHONE #: 850-623-1202

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