
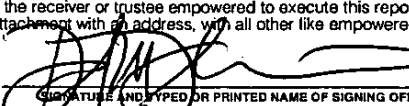


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90063 012 ***158.75

DOCUMENT # P04000104038					
1. Entity Name BLAIR REALTY, INC.					
Principal Place of Business 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716			Mailing Address 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FELICE, DAVID M 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	COO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT B		NAME	Young, Robert B	
STREET ADDRESS	5600 U.S. 98 NORTH, SUITE 7		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMBLER, M. STEVEN		NAME	Sembler, M. Steven	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICE, DAVID M		NAME	Felice, David M	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENZANO, FRANCIS		NAME		
STREET ADDRESS	5600 U.S. 98 NORTH, SUITE 7		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, KAREN		NAME	McDonald, Karen	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Fanelli, Julie V.	
STREET ADDRESS			STREET ADDRESS	11300 4th Street N, Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg, FL 33716	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			David M. Felice,		2/22/05 727-579-3650
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>President</small>		<small>Date Daytime Phone #</small>