2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P06000029499

Entity Name: MARK BLANCHARD AGENCY, INC.

Current Principal Place of Business:

407 WEKIVA SPRING RD
#255
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

407 WEKIVA SPRING RD
#255
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 01-0588583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLANCHARD, MARK
197 MONTGOMERY RD #155
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BLANCHARD, MARK PD
407 WEKIVA SPRINGS RD #255
LONGWOOD, FL 32779 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: MARK BLANCHARD 01/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLANCHARD, MARK
Address: 407 WEKIVA SPRING RD # 255
City-St-Zip: LONGWOOD, FL 32779

Title: VP,D ( ) Delete
Name: BLANCHARD, ELVIA
Address: 407 WEKIVA SPRING RD # 255
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete
Name: BLANCHARD, CHARLENE
Address: 407 WEKIVA SPRING RD # 255
City-St-Zip: LONGWOOD, FL 32779

Title: GM (X) Delete
Name: TONSETIC, MICHAEL
Address: 197 MONTGOMERY RD #155
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP,D (X) Change ( ) Addition
Name: TONSETIC, MICHAEL
Address: 407 WEKIVA SPRING RD # 255
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK BLANCHARD PD 01/15/2008
Electronic Signature of Signing Officer or Director Date