


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 198065	
1. Entity Name BLAIR DEVELOPMENT CORPORATION	

Principal Place of Business C/O WEISSMAN MANAGEMENT CORP. 225 WESTCHESTER AVENUE, STE. 307 PORT CHESTER, NY 10509 US	Mailing Address C/O WEISSMAN MANAGEMENT CORP. 225 WESTCHESTER AVENUE, STE. 307 PORT CHESTER, NY 10509 US
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03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FII Number 13-6102291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOYLAN, JOHN 2119 JOYCE STREET FLAGLER BEACH, FL 32136
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**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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____

**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WEISSMAN, ALAN B 225 WESTCHESTER AVE PORT CHESTER, NY 10573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS STETSON, JOHN D 225 WESTCHESTER AVE PORT CHESTER, NY 10573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/14/05-80067-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2005 **914 937-6672**
Date Daytime Phone #