

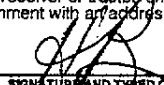


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # 202520 1. Entity Name HENRY BLANTON, INC.			
Principal Place of Business 11617 INNFIELDS DRIVE SUITE A ODESSA, FL 33556-9775 US		Mailing Address 11617 INNFIELDS DRIVE SUITE A ODESSA, FL 33556-9775 US	
DO NOT WRITE IN THIS SPACE			
			
01132004 No Chg-P CR2E034 (10/03)		4. FEI Number 59-0802452	
		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, HENRY H 11617 INNFIELDS DRIVE SUITE A ODESSA, FL 33556-9775		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000155172 05/05/04-80026-007 300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLANTON, HENRY H 11617 INNFIELDS DR., SUITE A ODESSA, FL	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	