


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90024 018 \*\*\*150.00

<b>DOCUMENT # 202520</b> 1. Entity Name <b>HENRY BLANTON, INC.</b>	
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Principal Place of Business <b>11617 INNFIELDS DRIVE SUITE A ODESSA, FL 33556-9775 US</b>	Mailing Address <b>11617 INNFIELDS DRIVE SUITE A ODESSA, FL 33556-9775 US</b>
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**DO NOT WRITE IN THIS SPACE**

**40057633**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0802452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BLANTON, MARK E  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST BLANTON, MARK E 11617 INNFIELDS DR., SUITE A ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BLANTON, MARK E 11617 INNFIELDS DR ODESSA, FL 335569</b>
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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:**  **3/30/07** **813 920-1031**

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