

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 264162**

1. Entity Name

T.W. BLOUNT JR. AND SON CONTRACTING CO.



Principal Place of Business

111 E 54TH ST  
JACKSONVILLE, FL 32208

Mailing Address

P.O. BOX 16509  
JACKSONVILLE, FL 32245 US



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0978576**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLOUNT, DOROTHY C  
111 E 54TH ST  
JACKSONVILLE, FL 32208

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BLOUNT, DOROTHY C PRES.  
STREET ADDRESS 111 EAST 54TH STREET  
CITY- ST- ZIP JACKSONVILLE, FL 32208

TITLE VPD  
NAME BLOUNT, RICHARD W V.P.  
STREET ADDRESS 2304 SHIPWRECK CIR., W.  
CITY- ST- ZIP JACKSONVILLE, FL 32224

TITLE SD  
NAME THOMPSON, LINDA B SD  
STREET ADDRESS 15 ELK COURT  
CITY- ST- ZIP MIDDLEBURG, FL 32068

TITLE D  
NAME SHURM, DIANE B D  
STREET ADDRESS 111 EAST 54TH STREET  
CITY- ST- ZIP JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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)(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:**

*Dorothy C Blount President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 15, 2005*  
Date

*904-642-1260*  
Daytime Phone #

*DOROTHY C. BLOUNT, President*