

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 283053

1. Entity Name
BLUE LINE INC



Principal Place of Business

301 CENTRAL AVE
SARASOTA, FL 34236

Mailing Address

301 CENTRAL AVE
SARASOTA, FL 34236



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1055180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEILAND, JOANNE J
301 CENTRAL AVE
SARASOTA, FL 33577

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEILAND, JOANNE J
STREET ADDRESS 301 CENTRAL AVE.
CITY-ST-ZIP SARASOTA, FL

TITLE SD
NAME O'CARROLL, SUSAN
STREET ADDRESS 301 CENTRAL AVE.
CITY-ST-ZIP SARASOTA, FL

TITLE TD
NAME NATHERSON, WENDY
STREET ADDRESS 301 CENTRAL AVE
CITY-ST-ZIP SARASOTA, FL

TITLE D
NAME HEILAND, GEORGE D
STREET ADDRESS 301 CENTRAL AVE
CITY-ST-ZIP SARASOTA, FL

TITLE D
NAME HEILAND, DAVID
STREET ADDRESS 301 CENTRAL AVE
CITY-ST-ZIP SARASOTA, FL

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 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: *Joanne J Heiland Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06 941-366-5300
Date Daytime Phone #