


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 371475 1. Entity Name BLAIR'S JUNGLE DEN, INC.	
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Principal Place of Business 1820 ORMANDS JUNGLE DEN RD ASTOR, FL 32102	Mailing Address 1820 ORMANDS JUNGLE DEN RD ASTOR, FL 32102
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08082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1306491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLAIR, BARBARA D
 1820 JUNGLE DEN ROAD
 ASTOR, FL 32102

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.

000000576752
 09/13/06-80003-023 150.00

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, BARBARA D 1820 ORMANDS JUNGLE DEN RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, MICHAEL S 1820 ORMANDS JUNGLE DEN RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIR, BARBARA D 1820 ORMANDS JUNGLE DEN RD ASTOR, FL 32102
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DO NOT WRITE 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: Barbara Blair 8/9/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #