


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 371475**  
 1. Entity Name  
 BLAIR'S JUNGLE DEN, INC.



Principal Place of Business      Mailing Address  
 1820 ORMANDS JUNGLE DEN RD      1820 ORMANDS JUNGLE DEN RD  
 ASTOR, FL 32102                      ASTOR, FL 32102

**DO NOT WRITE IN THIS SPACE**



01152008      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-1306491	Applied For 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  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	UUN000222166 04/22/08-80001-012 150.00
---	---	---

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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*      4-9-08      3867492864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #