


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90018 050 ***150.00

DOCUMENT # 403954 1. Entity Name BLAIR MACHINE & TOOL, INC	
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Principal Place of Business 8665 PHILIPS HIGHWAY JACKSONVILLE, FL 32256	Mailing Address 8665 PHILIPS HIGHWAY JACKSONVILLE, FL 32256
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40058843



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1400635	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAIR, EDWARD M VP 8665 PHILIPS HIGHWAY JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, EDWARD M	NAME	
STREET ADDRESS	12512 ALADDIN ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, GROVER M	NAME	
STREET ADDRESS	12520-1 ALADDIN RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, GLENN M	NAME	
STREET ADDRESS	12520 ALADDIN RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, PEARL	NAME	
STREET ADDRESS	12520-1 ALADDIN RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, JANICE B	NAME	
STREET ADDRESS	3807 JULINGTON CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: <i>Janice B. McDowell</i>	Janice B. McDowell	4-1-08	904-731-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #