

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 445442

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: BLAIR PROPERTIES, INC.

## Current Principal Place of Business:

<UNUSED>  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

3640 ARAN CIRCLE  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

FEI Number: 59-1519750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HITZ, SHARIE  
3640 ARAN CIRCLE  
ORMOND BEACH, FL 32174

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: HEINLEIN, BLAIR,  
Address: 3640 ARAN CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: PDS ( ) Delete  
Name: HITZ, SHARIE M.,  
Address: 3640 ARAN CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD ( ) Delete  
Name: SAUM, ROBERT  
Address: 3640 ARAN CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARIE HITZ

PDS

04/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date