

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 465087 1. Entity Name BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.	
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Principal Place of Business 4 S.E. BROADWAY STREET OCALA, FL 34471 US	Mailing Address P O BOX 1869 N/A OCALA, FL 34478 US
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02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1554591	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANCHARD, DOCK 4 S.E. BROADWAY STREET OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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

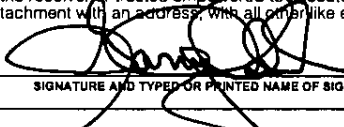
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, DOCK 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRIAM, LAUREN E III 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADEL, GARRY D. 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKLAND, R COLT 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, JOSE H JR 4 SE BROADWAY ST; POB 1869 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EDWIN A III 4 SE BROADWAY STREET, POB 1869 OCALA, FL 34478

U00000818744
02/15/08-80055-010-150.00

**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:  **Garry D. Adel** 6 Feb 08 3527327218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #