

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90387 047 ***150.00

DOCUMENT # 550288

1. Entity Name
BLAKE & FRANKLIN, M.D.'S, P.A.



Principal Place of Business
505 MARTIN LUTHER KING JR. AVE, STE 2
LAKE LAND, FL 33801-1527

Mailing Address
505 MARTIN LUTHER KING JR. AVE, STE 2
LAKE LAND, FL 33801-1527

24034754



03282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1792000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLAKE, WENDELL O.
505 MARTIN LUTHER KING, JR. AVENUE
LAKE LAND, FL 33801-1500

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BLAKE, WENDELL O.
STREET ADDRESS 505 M. L. KING AVE, STE2
CITY-ST-ZIP LAKE LAND, FL 33801

TITLE S
NAME FRANKLIN, BENJAMIN
STREET ADDRESS 505 M. L. KING AVE, STE2
CITY-ST-ZIP LAKE LAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 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 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: _____

W.O. Blake

4-1-04

(863)683-5567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #