

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90216 015 ***150.00

DOCUMENT #692872

1. Entity Name
WILLIAM F. BLEWS, P.A.



Principal Place of Business

**600 1ST AVENUE NORTH
STE 307
SAINT PETERSBURG, FL 33701**

Mailing Address

**PO BOX 417
SAINT PETERSBURG, FL 33731**

2. Principal Place of Business - No P.O. Box #

111 - 2nd Avenue N.E.

3. Mailing Address

Suite, Apt. #, etc.

Suite 904

City & State

St. Petersburg, Florida

City & State

Zip

Country

33701

U.S.A.

Zip

Country

01062007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2103325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLEWS, WILLIAM F.
600 1ST AVENUE NORTH
STE 307
SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

111 - 2nd Avenue N.E.

Suite 904

City

St. Petersburg

FL

Zip Code

33701

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

William F. Blews

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BLEWS, WILLIAM F
600 1ST AVENUE NORTH STE 307
SAINT PETERSBURG, FL 33701**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**111-2nd Avenue N.E., Suite 904
St. Petersburg, Florida 33701**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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:

William F. Blews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07 727-822-8322

Date

Daytime Phone