

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716951

FILED
Apr 30, 2009
Secretary of State

Entity Name: BLOODNETUSA, INC.

Current Principal Place of Business:

3200 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

3200 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 59-0720864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, ALICE
3200 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TROIANO, VICTOR
Address: 317 S. TENNESSEE AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: VD (X) Delete
Name: FUNK, MARLIN
Address: 2016 CASTLE COURT
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: CLINE, JUDY
Address: 2016 CASTLE COURT
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: MOORE, JOHN C JR
Address: 210 HIAWATHA TRAIL
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: ELLIS, JOHN DDS
Address: 2901 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33803

Title: ED () Delete
Name: BARR, ALICE
Address: 3200 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

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:

Title: TD (X) Change () Addition
Name: GRAY, MARK
Address: 9293 HALL ROAD
City-St-Zip: LAKELAND, FL 33809

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE R BARR

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date