

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90037 012 \*\*\*158.75

DOCUMENT # F06000000164

1. Entity Name  
BLAZE CONTRACTING, INC.



Principal Place of Business

~~3633 MICHIGAN AVENUE #250~~ **5640 St. JEAN**  
DETROIT, MI ~~48210~~ **48213**

Mailing Address

~~3633 MICHIGAN AVENUE #250~~ **5640 St. JEAN**  
DETROIT, MI ~~48210~~ **48213**

40010000



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3545343**

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

BLAISE, KERLIN  
1106 CRESTWOOD COMMONS AVENUE  
OCOE, FL 34761

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/4/08**

**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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BLAISE, KERLIN  
STREET ADDRESS ~~3633 MICHIGAN AVENUE #250~~ **5640 St. JEAN**  
CITY-ST-ZIP DETROIT, MI ~~48210~~ **48213**

TITLE V  
NAME KUZAK, CHRISTOPHER M  
STREET ADDRESS ~~3633 MICHIGAN AVENUE #250~~ **5640 St. JEAN**  
CITY-ST-ZIP DETROIT, MI ~~48210~~ **48213**

TITLE  
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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 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:

*[Signature]* **KERLIN BLAISE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/08**  
Date

**3133611000**  
Daytime Phone #