

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90240 002 ***158.75

DOCUMENT # F49129

1. Entity Name
J. GORDON BLAU, P.A.



Principal Place of Business

315 EAST ROBINSON ST
SUITE 655
ORLANDO, FL 32801 US

Mailing Address

P.O. BOX 3346
ORLANDO, FL 32802 US

2. Principal Place of Business

815 Orienta Ave.

3. Mailing Address

815 Orienta Ave.

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

01292004

Chg-P

CR2E034 (10/03)

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

4. FEI Number

59-2126925

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAU, J. GORDON
315 EAST ROBINSON ST.
SUITE 655
ORLANDO, FL 32801

Name

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

815 Orienta Ave. #3

City

Altamonte Springs

FL

Zip Code

32701-5600

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

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 P ☐ Delete
NAME BLAU, J. GORDON
STREET ADDRESS 315 EAST ROBINSON ST SUITE 655
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Blau, J. Gordon
STREET ADDRESS 815 Orienta Ave. #3
CITY-ST-ZIP Altamonte Springs FL 32701-5600

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another, or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04

907-541-7667