

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F55789

1. Entity Name
BOCA RATON/ATLANTIC BLUEPRINT CO., INC.



Principal Place of Business

**2029 N.W. 2ND AVENUE
BOCA RATON, FL 33431**

Mailing Address

**2029 N.W. 2ND AVENUE
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2147132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JERNIGAN, MARVIN W
2029 N.W. 2ND AVENUE
BOCA RATON, FL 33431**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERNIGAN, MARVIN W 6973 NW 3RD AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JERNIGAN, BEVERLY A 6973 NW 3RD AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, IRENE 3205 PORTOFINO PT, M3 COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, STUART P 743 PLACE CHATEAU DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, GIGI S 743 PLACE CHATEAU DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/30/04-80001-006 158.75

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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 807, 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: *Gigi S. McLaughlin* **Gigi S. McLaughlin** 8/30/2004 501-395-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #