2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004735

1. Entity Name
BLANSETT PHARMACAL CO., INC.

Principal Place of Business	Mailing Address
14 PARKSTONE CIRCLE NORTH LITTLE ROCK, AR 72116	P.O. BOX 638 NORTH LITTLE ROCK, AR 72115

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0564067
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BLANSETT, LARRY
STREET ADDRESS	14 PARKSTONE PLACE
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72116
TITLE	SD
NAME	THURMAN, JOHN
STREET ADDRESS	124 WEST CAPITOL STE 1650
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	D
NAME	PARK, JOE JR.
STREET ADDRESS	173 CASTLE HEIGHTS
CITY-ST-ZIP	CABOT, AR 72023
TITLE	D
NAME	FORD, MIKE
STREET ADDRESS	513 DR. GORMAN DRIVE
CITY-ST-ZIP	BELLE CHASSE, LA 70037
TITLE	D
NAME	GREEN, JERRY
STREET ADDRESS	7905 TOLTEC DRIVE
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72116
TITLE	D
NAME	THOMAS, FRANK
STREET ADDRESS	14601 BLACK BEAR DRIVE
CITY-ST-ZIP	LITTLE ROCK, AR 72223

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02/21/05-80063-002 150.00

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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 all other like empowered.

SIGNATURE: [signature] CFO 1/17/05 501 758 8685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #