

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004735

Entity Name: BLANSETT PHARMACAL CO., INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

14 PARKSTONE CIRCLE
NORTH LITTLE ROCK, AR 72116

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 638
NORTH LITTLE ROCK, AR 72115

New Mailing Address:

FEI Number: 71-0564067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BLANSETT, LARRY
Address: 14 PARKSTONE PLACE
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: SD () Delete
Name: THURMAN, JOHN
Address: 124 WEST CAPITOL STE 1650
City-St-Zip: LITTLE ROCK, AR 72201

Title: D () Delete
Name: PARK, JOE JR.
Address: 173 CASTLE HEIGHTS
City-St-Zip: CABOT, AR 72023

Title: D () Delete
Name: FORD, MIKE
Address: 513 DR. GORMAN DRIVE
City-St-Zip: BELLE CHASSE, LA 70037

Title: D () Delete
Name: GREEN, JERRY
Address: 7905 TOLTEC DRIVE
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: D () Delete
Name: THOMAS, FRANK
Address: 14601 BLACK BEAR DRIVE
City-St-Zip: LITTLE ROCK, AR 72223

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: () Change () Addition
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Address:
City-St-Zip:

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

SIGNATURE: LARRY BLANSETT

CP

04/20/2009

Electronic Signature of Signing Officer or Director

Date