

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # G38984 1. Entity Name BLANK, MEENAN & SMITH, P.A.	
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Principal Place of Business 204 S. MONROE STREET TALLAHASSEE, FL 32301-1876 US	Mailing Address 204 S. MONROE STREET TALLAHASSEE, FL 32301-1876 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2291786	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BLANK, F. PHILIP
204 S. MONROE STREET
TALLAHASSEE, FL 32301**

**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 reinstating)

DATE

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD BLANK, F. PHILIP 204 S. MONROE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MEENAN, TIMOTHY J. 204 S. MONROE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLANK F. PHILIP 204 S. MONROE ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, GEOFF 204 S MONROE ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNPHY, JOHN R 204 SOUTH MONROE ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/05-80062-011 150.00

**DO NOT WRITE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #