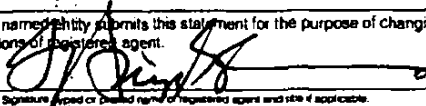


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90053 015 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                  |                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EPDVNF0U!\$ G38984<br>2/ Entity Name<br>BLANK & MEENAN, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                 |                                                                                                                                                             |
| Principal Place of Business<br>315717NPO8PPTL8FFU<br>UBMB ENTFF:GM43412 29871VT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | Mailing Address<br>315717NPO8PPTL8FFU<br>UBMB ENTFF:GM43412 29871VT                                              |                                                                                                                                                             |
| 3/ Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | 4/ Mailing Address                                                                                               |                                                                                                                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Suite, Apt. #, etc.                                                                                              |                                                                                                                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | City & State                                                                                                     |                                                                                                                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country                                                                                                        | Zip                                                                                                              | Country                                                                                                                                                     |
| 7/ On f lboelBees f t l lpgDves ouSt hjt u f e lBht ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | 8/ On f lboelBees f t l lpgCl x lSt hjt u f e lBht ou                                                            |                                                                                                                                                             |
| BLANK, F. PHILIP<br>204 S. MONROE STREET<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                               |                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | GM Zip Code                                                                                                      |                                                                                                                                                             |
| 9/ 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                                                                                                             |                                                                                                                                                             |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | 1/ Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> 9/6/11 N bzKt<br>Beef elupKt |                                                                                                                                                             |
| 21/ OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | 22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                            |                                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PO<br>BLANK, F. PHILIP<br>204 S. MONROE STREET<br>TALLAHASSEE, FL <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br>MEENAN, TIMOTHY J.<br>204 S. MONROE STREET<br>TALLAHASSEE, FL <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STD<br>BLANK F. PHILIP<br>204 S. MONROE ST.<br>TALLAHASSEE, FL <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>DUNPHY, JOHN R <input checked="" type="checkbox"/> Delete<br>204 SOUTH MONROE ST<br>TALLAHASSEE, FL 32301 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Blank, F. Philip<br>204 S Monroe Street<br>Tallahassee, FL 32301 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| 23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered. |                                                                                                                |                                                                                                                  |                                                                                                                                                             |
| TJHOBUSF;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | Date Daytime Phone #                                                                                             |                                                                                                                                                             |