

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56674

FILED
Apr 29, 2004
Secretary of State

Entity Name: BLAIR-WITT PROPERTIES, INC.

Current Principal Place of Business:

112 AVE E. SIN
ATT: ANN R. CARTER
WINTER HAVEN, FL 33880

New Principal Place of Business:

112 AVE E SW
ATT: ANN R. CARTER
WINTER HAVEN, FL 338803402 US

Current Mailing Address:

C/O PROFESSIONAL TAX CONSULTANTS
PO BOX 7166
WINTER HAVEN, FL 338337166

New Mailing Address:

C/O PROFESSIONAL TAX CONSULTANTS INC
PO BOX 7166
WINTER HAVEN, FL 338337166

FEI Number: 59-2375246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, ANN R.
C/O PROFESSIONAL TAX CONSULTANTS INC.
112 AVE. E. SW.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

CARTER, ANN R.
C/O PROFESSIONAL TAX CONSULTANTS INC.
112 AVE. E. SW.
WINTER HAVEN, FL 338803402 US

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: ANN R. CARTER

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, EDWARD,
Address: 112 AVE E. S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete
Name: CARTER, ANN R
Address: 112 AVE E. S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARTER, EDWARD
Address: 112 AVENUE E, S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD (X) Change () Addition
Name: CARTER, ANN R
Address: 112 AVENUE E, S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Change (X) Addition
Name: NELSON, KARIN G
Address: 112 AVENUE E, SW
City-St-Zip: WINTER HAVEN, FL 338803402

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARIN G. NELSON

S

04/29/2004

Electronic Signature of Signing Officer or Director

Date