

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56674

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: BLAIR-WITT PROPERTIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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 338803402 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: PD ( ) Delete  
Name: CARTER, EDWARD  
Address: 408 ED CARTER ST  
City-St-Zip: AVON PARK, FL 33825 US

Title: TD ( ) Delete  
Name: CARTER, ANN R  
Address: 408 ED CARTER ST  
City-St-Zip: AVON PARK, FL 33825 US

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

## 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:

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: ANN R CARTER

TD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date