

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90072 036 \*\*\*150.00

**DOCUMENT # J17440**

1. Entity Name

**BLOUNT-FELTY MANAGEMENT CORP.**



Principal Place of Business

**4437 SW 91ST DR  
GAINESVILLE FL 32608  
US**

Mailing Address

**5300 SW 91ST TERR  
STE B  
GAINESVILLE FL 32608  
US**



2. Principal Place of Business

**5300 SW 91st Terr**

Suite, Apt. #, etc.

**Ste B**

3. Mailing Address

**5300 SW 91st Terr.**

Suite, Apt. #, etc.

**Ste B**

1st MOORE

CR2E034 (10/04)

City & State

**Gainesville, FL**

City & State

**Gainesville, FL**

4. FEI Number

**59-2876461**

Applied For

Not Applicable

Zip

**32608**

Country

**USA**

Zip

**32608**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BLOUNT, CHARLES L.  
4437 SW 91ST DR  
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5300 SW 91st Terr**

**Ste B**

City

**Gainesville**

**FL**

Zip Code

**32608**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BLOUNT, CHARLES L.  
STREET ADDRESS 4437 SW 91ST DR  
CITY-ST-ZIP GAINESVILLE FL

TITLE VPD ☐ Delete  
NAME FELTY, JERRY W.  
STREET ADDRESS 187 HUNTERS COVE  
CITY-ST-ZIP ROSWELLY GA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5300 SW 91st Terr Ste B  
CITY-ST-ZIP Gainesville, FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Charles Blount* Charles Blount

4-27-05

352-335-7846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #