

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90176 013 \*\*\*150.00

**DOCUMENT # J17440**

1. Entity Name

**BLOUNT-FELTY MANAGEMENT CORP.**



Principal Place of Business

5300 SW 91ST TERR  
STE B  
GAINESVILLE FL 32608  
US

Mailing Address

5300 SW 91ST TERR  
STE B  
GAINESVILLE FL 32608  
US

2. Principal Place of Business

2887 SW 93rd Dr

3. Mailing Address

2887 SW 93rd Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32608

Country

USA

Zip

32608

Country

USA

4. FEI Number

59-2876461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOUNT, CHARLES L.  
5300 SW 91ST TERR  
STE B  
GAINESVILLE FL 32608

Name

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

City

FL

Zip Code

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, 2006 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 5300 SW 91ST TERR STE B  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VPD ☐ Delete  
NAME FELTY, JERRY W.  
STREET ADDRESS 187 HUNTERS COVE  
CITY-ST-ZIP ROSWELLE 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 2887 SW 93rd Dr.  
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

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 exemptions contained in Section 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-335-7846

4-2-06

Date

Daytime Phone #