

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-01-2005 90024 049 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # J34989 1. Entity Name FLORIDA BLOWER, INC.					
Principal Place of Business 3884 TAMPA RD OLDSMAR FL 34677 US				Mailing Address 3884 TAMPA RD OLDSMAR FL 34677 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2753267	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PFRENGLE, KENNETH R 3884 TAMPA RD OLDSMAR FL 34677				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME PFRENGLE, KENNETH	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3884 TAMPA RD			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP OLDSMAR FL 34677			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			72205 8138550211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

7 22 2005

State of Florida
Corporate Annual Reporting

TO WHOM IT MAY CONCERN:

Attached are annual reports for the following corporations

Corp Name	FEI #	Document #
General Purpose	59 3367102	P95 000096756
General Industrial	59 3377966	P95000024975
Florida Blower	59 2753267	J 34989
Eagle Mini	59 3273944	p94000072222
Commercial	59 3377966	p96000024984
Legal Ease	59 3384566	p96000031573
Anastasia	59 3514230	p980000051706

All of these reports were received after July 1, 2005, thus making them all delinquent before there was an opportunity to take advantage of the normal renewal rate. Realizing that the delinquency is not a result of Corporate neglect, but State neglect, checks are attached for \$150.00 normal rate.

A check is also attached for Oxford Property Management Inc, FEI 59 3422438, for which no return was sent

Respectfully,

Kenn Pfrengle
3884 Tampa Rd
Oldsmar, FL 34677

813 855 0210

8-23-05

To: Michelle I. [unclear]

@

850-245 6047

by Fax

Please Confirm
Thank you

20/2