


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K28150		
1. Entity Name JIM BLANTON PLUMBING, INC.		

Principal Place of Business 7183 MYAKKA VALLEY TRAIL SARASOTA, FL 34241	Mailing Address 7183 MYAKKA VALLEY TRAIL SARASOTA, FL 34241
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
ALLQUIST, RICHARD D 7103 MYAKKA VALLEY TR SARASOTA, FL 34244	

7. Name and Address of New Registered Agent	
Name <u>James P. Blanton III</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7183 Myakka Valley Trail</u>	
City <u>Sarasota</u>	Zip Code <u>FL 34244</u>

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 <u>James P. Blanton III</u>	DATE <u>1-6-2005</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANTON, JAMES P., III 7183 MYAKKA VALLEY TRAIL SARASOTA, FL 34244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jon J. Cone / Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7183 Myakka Valley Trail Sarasota, FL 34244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANTON, JAMES P III 7183 MYAKKA VALLEY TRAIL SARASOTA, FL 34244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700044404037 01/10/05--01026--014 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000045102301 01/20/05--01033--014 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.	
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SIGNATURE: <u>James P. Blanton III</u>	DATE: <u>1-6-2005</u>	DAYTIME PHONE #: <u>941-924-1697</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED
05 JAN 20 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 REIN-P CR2E098 (6/04) MRD

4. FEI Number 65-0064648	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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REINSTATEMENT 04-05