

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K59933

1. Entity Name

C.J. BLANTON, JR. AND SONS, INC.



Principal Place of Business

1091 N.E. DAYLILY AVENUE
MADISON FL 32340

Mailing Address

1091 N.E. DAYLILY AVENUE
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2930225

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

BLANTON, C.J., JR.
1091 N.E. DAYLILY AVENUE
MADISON FL 32340

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BLANTON, C.J., JR.	
STREET ADDRESS	1091 N.E. DAYLILY AVENUE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANTON, C.J., III	
STREET ADDRESS	1147 N.E. DAYLILY AVENUE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLANTON, BETTY	
STREET ADDRESS	1091 N.E. DAYLILY AVENUE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANTON, JASON M	
STREET ADDRESS	1091 NE DAYLILY AVENUE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000543776
05/11/06-80009-010 150.00

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:

C.J. Blanton, Jr.
C. J. BLANTON, JR. President

4/28/06 (850) 973-2967

Date

Daytime Phone #