

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K72347

1. Entity Name
BLURUF CORP.



Principal Place of Business
**22286 VICK ST
PORT CHARLOTTE, FL 33980 US**

Mailing Address
**22286 VICK ST
PORT CHARLOTTE, FL 33980 US**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0120762** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FEHR, JEFFREY
22286 VICK ST
PORT CHARLOTTE, FL 33980**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **FEHR, JEFFREY**
STREET ADDRESS **22286 VICK ST**
CITY- ST- ZIP **PORT CHARLOTTE, FL 33980**

TITLE **DVP**
NAME **FEHR, RONALD**
STREET ADDRESS **617 FURROWS ROAD**
CITY- ST- ZIP **HOLYSVILLE, NY**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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000000399897
02/01/06-80031-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

1/9/06 **941-206-2146**
Date Daytime Phone #