2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 08, 2008 8:00 am Secretary of State DOCUMENT # L32584 08-08-2008 90016 006 ***150.00 1. Entity Name WYMAN, GREEN & BLALOCK REAL ESTATE, INC. Principal Place of Business Mailing Address 1101 6TH AVE. WEST 1101 6TH AVE. WEST STE 101 BRADENTON FL 34205 **BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 65-0160673 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLALOCK, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 1101 6TH AVE. WEST, #101 **BRADENTON FL 34205** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME BLALOCK, DAN S. 4124 RIVERVIEW BLVD. W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRADENTON FL CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE BLALOCK, WILLIAM M NAME NAME STREET ADDRESS 9818 18TH DR. NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI.E NAME NAME STREET ADDRESS STREET ANDRESS

12. I hereby certify that the information supplied with the 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 affice 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 amoowered 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

Addition

FILED