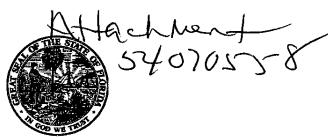
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 30, 2004 8:00 am Secretary of State DOCUMENT # L70753 06-23-2004 90003 001 \*\*\*150.00 1. Entity Name 08-30-2004 90001 043 \*\*\*400.00 BLITCH AND ASSOCIATES, INC. Principal Place of Business Mailing Address 6109 ORIENT ROAD 54070558 P.O. BOX 2886 **TAMPA FL 33610** LAGRANGE GA 30241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2983484 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLITCH, LANDIS S Street Address (P.O. Box Number is Not Acceptable) 6109 ORIENT ROAD **TAMPA FL 33610** 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reigstation) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE ☐ Change Addition NAME BLITCH, LANDIS S NAME STREET ADDRESS 301 COLLEGE STREET STREET ADDRESS MOUNTVILLE GA 30261 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete Change ■ Addition NAME STREET ADORESS STREET ADDRESS -CITY-ST-ZIP--CITY-ST-70P TITLE ☐ Detete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-782 TITLE ☐ Delete ☐ Change TETT F Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attact/prefit with an address, with all other like empowered. <u>10686388550</u> 06-20-04

**FILED** 



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

June 24, 2004

BLITCH AND ASSOCIATES, INC. P.O. BOX 2886 LAGRANGE, GA 30241

Subject: BLITCH AND ASSOCIATES, INC.

- Reference-Number:

L70753

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/as

8-20-04 800- suclosed, checket 4005. No Moring in report.