

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90010 034 ***150.00

| | | | |
|--|--|--|--|
| DOCUMENT # L70753 | |  | |
| 1. Entity Name BLITCH AND ASSOCIATES, INC. | | | |
| Principal Place of Business 6109 ORIENT ROAD TAMPA, FL 33610 | | Mailing Address 301 COLLEGE ST HISTORIC MOUNTVILLE COMMUNITY LAGRANGE, GA 30241-7840 | |
| 2. Principal Place of Business - No P.O. Box # 280 SUNSET DRIVE Suite, Apt. #, etc. BROOKSVILLE, FL City & State | | 3. Mailing Address Suite, Apt. #, etc. City & State | |
| Zip 34601 | | Country USA | |
| 4. FEI Number 59-2983484 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLITCH, LANDIS S 6109 ORIENT ROAD TAMPA, FL 33610 | | 7. Name and Address of New Registered Agent Name: BLITCH, LANDIS S. Street Address (P.O. Box Number is Not Acceptable) 280 SUNSET DRIVE City: BROOKSVILLE FL Zip Code: 34601 | |
| 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: <i>Jim Blitch, Chairman</i> DATE: 01-29-08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BLITCH, LANDIS S 301 COLLEGE STREET MOUNTVILLE, GA 30261 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/O BLITCH, LANDIS S. 301 COLLEGE ST.; HISTORIC MOUNTVILLE COM LAGRANGE, GA 30241-7840 <input checked="" 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 | BE P/D DANIEL J. COOK 280 SUNSET DRIVE BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input checked="" 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 |
| 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 |
| 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: <i>Jim Blitch</i> SIM BLITCH | | DATE: 01-29-08 DAYTIME PHONE #: 706-883-8678 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |