

ANNUAL REPORT (AR)

DOCUMENT # L81221

1. Entity Name

BLIVAS, FIALA & ROWE, CHARTERED



FILED
Mar 06, 2006 08:00 AM
Secretary of State

Principal Place of Business

1266 FIRST ST.
SARASOTA FL 34236

Mailing Address

1266 FIRST ST.
SARASOTA FL 34236



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

36-2702283

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLIVAS, DONALD ROSS
1266 FIRST ST.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 consolidating)

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

TITLE PTD ☐ Delete
NAME BLIVAS, DONALD R.
STREET ADDRESS 1266 1ST ST
CITY-ST-ZIP SARASOTA FL

TITLE VST ☐ Delete
NAME FIALA, FREDRIC W.
STREET ADDRESS 1266 1ST ST
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME FIALA, FREDRIC W.
STREET ADDRESS 1266 1ST ST
CITY-ST-ZIP SARASOTA FL

TITLE VDR ☐ Delete
NAME ROWE, JOHN E.
STREET ADDRESS 1266 1ST ST
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000456393
03/16/06-00022-019 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another (he) empowered

SIGNATURE:

[Signature]

2/27/06

952-1963