2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M92814

SIGNATURE:



FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90423 049 ***150.00

1. Entity Nam- JERRI A.	e BLAIR, P.A.								
Principal Place	e of Business	Mailing Address				ν,			
POB 130 - TA	•	POB 130 - TAVARES ,FL							
351 WEST ALFRED STREET TAVARES, FL 32778		351 WEST ALFRED STREET TAVARES, FL 32778			 				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numbe 59-2888			1	plied For it Applicable
Zip	Country Zip Cour		try				8.75 Add ee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	gistered A	gent	
BLAIR, JERRI A.									
351 WEST TAVARES,	ALFRED STREET , FL		Street Address (Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or bot	n, in the State of Flor	ida. I am fa	amiliar with.	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	d Agent signature required	t when rainstaling)		DATE		I		
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	PS IEDDIA	☐ Delete	TITLE	ı				☐ Change	☐ Addition
NAME STREET ADDRESS	BLAIR, JERRI A. 351 WEST ALFRED STREET		NAMI STRE	ET ADDRESS					
CITY-ST-ZIP	TAVARES, FL			-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAMI	1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		□ Delete -	TITLE				-	Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		Delete	TITLE	l l				Change	☐ Addition
STREET ADDRESS			NAM: STRE	et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
	certify that the information supplied with	this filing does not qualify for			ection 119 07/3/6) Florida Statutes I	further cert	ify that the i	nformation
indicated	on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an apporters, it	true and accurate and that n	ny signa:	ture shall have the	same legal effec	as if made under o	ath: that I a	m an officer	or director