

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005191

FILED
Mar 01, 2009
Secretary of State

Entity Name: BLT 3/9, INC.

Current Principal Place of Business:

2297 14TH AVENUE SOUTHWEST
LARGO, FL 337704710

New Principal Place of Business:

Current Mailing Address:

2297 14TH AVENUE SOUTHWEST
LARGO, FL 337704710

New Mailing Address:

FEI Number: 59-3736415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, ROBERT W
Address: 2297 14TH AVENUE SOUTHWEST
City-St-Zip: LARGO, FL 337704710

Title: D () Delete
Name: GILES, JERRALD E
Address: 2297 14TH AVENUE SOUTHWEST
City-St-Zip: LARGO, FL 337704710

Title: D () Delete
Name: SALTAFORMAGGIO, CHARLES B
Address: 2297 14TH AVENUE SOUTHWEST
City-St-Zip: LARGO, FL 337704710

Title: D () Delete
Name: WADLEY, PRENTICE
Address: 2297 14TH AVENUE SOUTHWEST
City-St-Zip: LARGO, FL 337704710

Title: VD () Delete
Name: FELLE, RAYMOND A
Address: 2297 14TH AVENUE SOUTHWEST
City-St-Zip: LARGO, FL 337704710

Title: VD () Delete
Name: BROWN, LAWRENCE R
Address: 2297 14TH AVENUE SOUTHWEST
City-St-Zip: LARGO, FL 337704710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. STEWART

PD

03/01/2009

Electronic Signature of Signing Officer or Director

Date