2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # N03000005119

1. Entity Name
BLOUNT INDUSTRIAL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HAAG MANAGEMENT 2295 NW CORP. BLVD. STE. 138 BOCA RATON, FL 33431	HAAG MANAGEMENT INC 2295 NW CORPORATE BLVD, STE 138 BOCA RATON, FL 33431

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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
04-3789743
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAAG MANAGEMENT INC
2295 NW CORPORATE BLVD
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000787227
01/17/08-80073-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYD, BRIAN
STREET ADDRESS	2721 NW 19TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VD
NAME	ORLANDO, BOB
STREET ADDRESS	2703 NW 19TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	ST
NAME	HARRIS, DAVID
STREET ADDRESS	2743 NW 19TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: David Haim 1/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #