

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/06)

DOCUMENT # N36670			
1. Entity Name BLANDING PROFESSIONAL OFFICE CENTER ASSOCIATION, INC.			
Principal Place of Business 1717 BLANDING BOULEVARD SUITE 101 JACKSONVILLE FL 32210 US		Mailing Address 4749 MARTINIQUE COURT AMELIA ISLAND FL 32034 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STIFTER, JOHN J 4749 MARTINIQUE COURT AMELIA ISLAND FL 32034		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	000000616999 02/07/07-80055-019 61.25			
NAME	STIFTER, JOHN J	NAME					
STREET ADDRESS	4749 MARTINIQUE COURT	STREET ADDRESS					
CITY ST ZIP	AMELIA ISLAND FL 32034	CITY ST ZIP					
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	BARRY, JOHN	NAME					
STREET ADDRESS	1719 BLANDING BOULEVARD	STREET ADDRESS					
CITY ST ZIP	JACKSONVILLE FL 32210	CITY ST ZIP					
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	HOOTEN, EARL B	NAME					
STREET ADDRESS	1725 BLANDING BOULEVARD SUITE 2	STREET ADDRESS					
CITY ST ZIP	JACKSONVILLE FL 32210	CITY ST ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY ST ZIP		CITY ST ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY ST ZIP		CITY ST ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY ST ZIP		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 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: John J Stifter 1-29-07 964 277 656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR