2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000017485

1. Entity Name
FINANCIAL BLUEPRINTS, INC.

Principal Place of Business	Mailing Address
61 IMPERIAL DRIVE LAKELAND, FL 33815	POB OX 1562 LAKELAND, FL 33802-1562

DO NOT WRITE IN THIS SPACE
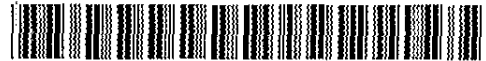
0818 2004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3624700	Not Applicable

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

6. Name and Address of Current Registered Agent

SAWYER, BERNARD G JR.
4415 FLORIDA NATIONAL DRIVE
SUITE 110
LAKELAND, FL 33813

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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 _____

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SAWYER, BERNARD G JR.
STREET ADDRESS	61 IMPERIAL DRIVE
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	
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08/23/04-80003-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: *BERNARD G. SAWYER JR.*   8-20-04   863-669-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #