

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90102 029 \*\*\*150.00

**DOCUMENT # P00000040089**

1. Entity Name

BLAIR & CO. INVESTMENTS, INC.



Principal Place of Business

8812 VENTURE COVE  
TAMPA FL 33637

Mailing Address

8812 VENTURE COVE  
TAMPA FL 33637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3643678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IMPSON, MERLE B PRES  
~~10040 N 56TH ST~~  
TEMPLE TERRACE FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

8812 Venture Cove

City TAMPA

FL

Zip Code 33637

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME IMPSON, MERLE B  
STREET ADDRESS 5511 GARDEN ARBOR DR  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ Delete  
NAME IMPSON, CHERYL  
STREET ADDRESS 5511 GARDEN ARBOR DR  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ Delete  
NAME IMPSON, DARREN B  
STREET ADDRESS 175 BLEECKER ST. APT 9  
CITY-ST-ZIP NEW YORK NY 10012

TITLE D ☐ Delete  
NAME IMPSON, TAMARA L  
STREET ADDRESS 4009 ORANGFIELD PL  
CITY-ST-ZIP VALRICO FL 33547

TITLE D ☐ Delete  
NAME IMPSON, TIFFANY M  
STREET ADDRESS 4009 ORANGFIELD PL  
CITY-ST-ZIP VALRICO FL 33547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5001 Langdale Way  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5001 Langdale Way  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☒ Change ☐ Addition  
NAME D.V.  
STREET ADDRESS 9450 Hunters Rd  
CITY-ST-ZIP Tampa, FL 33647

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

813-984-2700