2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P00000041000

1. Entity Name
BLASELL, INC.

Principal Place of Business	Mailing Address
532 NORTH TYNDALL PKWY PANAMA CITY, FL 32404	532 NORTH TYNDALL PKWY PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3648047
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, DONNA L
532 NORTH TYNDALL PKWY
PANAMA CITY, FL 32404

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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
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SELLERS, LARRY C
STREET ADDRESS	PO BOX 291
CITY-ST-ZIP	DALEVILLE, AL 36322
TITLE	D
NAME	SELLERS, LONNIE C
STREET ADDRESS	PO BOX 291
CITY-ST-ZIP	DALEVILLE, AL 36322
TITLE	DV
NAME	BLACK, MICHAEL F
STREET ADDRESS	5124 HAGIN DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	DST
NAME	BLACK, DONNA L
STREET ADDRESS	5124 HAGIN DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
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 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: √Becky Richardson /Becky Richard 2-25-08 √334-598-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #