2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000051327

1. Entity Name
BLAN-TON L&C INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3965 10TH AVE, SE NAPLES, FL 34117	3965 10TH AVE, SE NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

FILED

04 MAY -3 AM 8: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04072004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3651243		Not Applicable

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

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6. Name and Address of Current Registered Agent

BLANTON, LONNIE C
3965 10TH AVE, SE
NAPLES, FL 34117

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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.

6000362769BB
05/13/04--01076--022 **150.00

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLANTON, LONNIE C
STREET ADDRESS	3965 10TH AVE, SE
CITY-ST-ZIP	NAPLES, FL 34117

TITLE	ST
NAME	BLANTON, CONNIE
STREET ADDRESS	3965 10TH AVE SE
CITY-ST-ZIP	NAPLES, FL 34117

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Connie Blanton_   5/3/04   239-455-4195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #