2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013976

1. Entity Name
BLIND PLUS, INC.

Principal Place of Business	Mailing Address
1200 BELLE AVE STE #115 WINTER SPRINGS, FL 32708	1200 BELLE AVE STE #115 WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

02052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0725487	Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, TAMMY L
1200 BELLE AVE STE #115
WINTER SPRINGS, FL 32708

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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_____ DATE_____
Signature, typed or printed   type of registered agent and title if applica.   (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	FERNANDEZ, TAMMY L
STREET ADDRESS	4654 TIFFANY WOODS CIR.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	ST
NAME	FERGUSON, DAWNA
STREET ADDRESS	216 STONER RD.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-00057-016 150.00

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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: _Tammy Fernandez_ Tammy Fernandez April 1, 04   (407) 699-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #