

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 045 ***150.00

DOCUMENT # P01000039526

1. Entity Name
MAISON BLANCHE, INC.



Principal Place of Business
RIDDELL & LUZIER
3400 S. TAMiami TRAIL, STE. 202
SARASOTA, FL 34239

Mailing Address
RIDDELL & LUZIER
3400 S. TAMiami TRAIL, STE. 202
SARASOTA, FL 34239

40044400



2. Principal Place of Business
Dunlap & Moran, P.A.

3. Mailing Address
Dunlap & Moran, P.A.

03152005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
1990 Main Street, Ste. 700

Suite, Apt. #, etc.
PO Box 3948

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-1096867

Applied For
☐ Not Applicable

Zip Country
34236 Sarasota

Zip Country
34230 Sarasota

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

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B ESQ.
RIDDELL & LUZIER
3400 S. TAMiami TRAIL, STE. 202
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Luzier, Thomas B. Esq.

Street Address (P.O. Box Number is Not Acceptable)
Dunlap & Moran, P.A.

1990 Main Street, Suite 700

City **Sarasota** **FL** Zip Code **34236**

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
MARTINEZ, JOSE
2605 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Jose Martinez
JOSE MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/05 *941 383 8088*
Date Daytime Phone #