

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90039 028 ***150.00

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1. Entity Name

BLINDSTER, INC.



Principal Place of Business

716 EAST MICHIGAN ST
113
ORLANDO FL 32806

Mailing Address

716 EAST MICHIGAN ST
113
ORLANDO FL 32806

2. Principal Place of Business

4803 Waterside Pointe Circle

3. Mailing Address

4803 Waterside Pointe Circle

City & State

Orlando FL

City & State

Orlando FL

Zip

32829

Country

Orange

Zip

32829

Country

Orange

4. FEI Number

65-1120848

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HORN, DENNIS
716 EAST MICHIGAN ST
#113
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

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

4803 Waterside Pointe Circle

City

Orlando

FL

Zip Code

32829

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, 2004 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
HORN, DENNIS
716 EAST MICHIGAN ST #113
ORLANDO FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
HORN, WILLIAM
11875 BOULDER BAY RD
EDEN PRAIRIE MN 55344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4803 Waterside Pointe Circle
Orlando FL 32829

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

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Horn
William K. Horn

3-7-04
3-7-04

Date

612-376-9505
612-376-9505

Daytime Phone #