2004 FOR PROFIT CORPORATION

FILED Mar 03, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000094887 BLAIR ENTERPRISES OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 534 67TH STREET 534 67TH STREET HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 01262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1139929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VOIGT & VOIGT, P.A. DO NOT WRITE 2042 BEE RIDGE ROAD SARASOTA, FL 34239 IN THIS SPACE 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) U00000075558 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing 03/03/04-80065-004 150.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS IIILE COURY, MARDI A NAME STREET ADDRESS 534 67TH STREET CITY-ST-ZIP HOLMES BEACH, FL 34217 TITLE STREET ADDRESS CRY-ST-ZEP TITLE NAME STREET ADDRESS DO NOT WRITE CTIY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-7IP