


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000103319 * 1. Entity Name BLANCHARD SERVICES, INC. |  |
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| Principal Place of Business 2032 THESY DR. MELBOURNE, FL 32940 | Mailing Address 2032 THESY DR. MELBOURNE, FL 32940 |
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| DO NOT WRITE IN THIS SPACE |
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06092004 No Chg-P CR2E034 (10/03)

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| 4. FBI Number 59-3751889 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BLANCHARD, RICHARD J 2032 THESY DR. MELBOURNE, FL 32940 |
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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.

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| SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BLANCHARD, RICHARD J 2032 THESY DR. MELBOURNE, FL 32940 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BLANCHARD, LISA J 2032 THESY DR. MELBOURNE, FL 32940 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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06/14/04-80001-001 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without being empowered.

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|---|------------------------|------------------------------------|
| SIGNATURE:  | DATE: June 9-04 | DAYTIME PHONE # 381 2536073 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |