

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112821

Entity Name: BLB ENTERPRISES, INC.

FILED
Mar 30, 2004
Secretary of State

Current Principal Place of Business:

14035 WEST RIVER ROAD
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

14035 WEST RIVER ROAD
INGLIS, FL 34449

New Mailing Address:

FEI Number: 59-3759988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIR, LESLIE A
14035 W. RIVER ROAD
INGLIS, FL 34449 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAIR, ROBERT L
Address: 257 VRWN OAKS WAY
City-St-Zip: TAVARES, FL 32778

Title: DST () Delete
Name: BAIR, LESLIE A
Address: 14035 W RIVER RD
City-St-Zip: INGLIS, FL 34449

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAIR, ROBERT L
Address: 14035 W. RIVER RD
City-St-Zip: INGLIS, FL 34449

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: STERNER, CHRISTOPHER M
Address: 257 CROWN OAKS WAY
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE A. BAIR

D

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date