

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 004 ***150.00

DOCUMENT # P01000113356

1. Entity Name

BLANCO & PELIER, P.A.



Principal Place of Business

1100 FIFTH AVE SOUTH STE 201
NAPLES FL 34102

Mailing Address

1100 FIFTH AVE SOUTH STE 201
NAPLES FL 34102

2. Principal Place of Business

3375 TAMiami TRAIL EAST

Suite, Apt. #, etc.

Suite 300

City & State

NAPles, FL

Zip

34112

Country

U.S.A.

3. Mailing Address

3375 TAMiami TRAIL EAST

Suite, Apt. #, etc.

Suite 300

City & State

NAPles, FL

Zip

34112

Country

U.S.A.



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3756613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCO, SAMUEL D
1431 PONCE DE LEON BLVD. →
MIAMI FL 33134 →

7. Name and Address of New Registered Agent

Name

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

3375 TAMiami TRAIL EAST

Suite 300

City

NAPles

FL

Zip Code

34112

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

Samuel D. Blanco, D.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/31/2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 D ☐ Delete
NAME PELIER, ROBERT N
STREET ADDRESS 1100 FIFTH AVE SOUTH STE 201
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Delete
NAME BLANCO, SAMUEL D
STREET ADDRESS 1100 FIFTH AVE SOUTH STE 201
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3375 TAMiami TRAIL, EAST, suite 300
CITY-ST-ZIP NAPles, FL 34112

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3375 TAMiami TRAIL EAST, suite 300
CITY-ST-ZIP NAPles, FL 34112

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

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

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

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

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:

Samuel D. Blanco, D. Samuel D. Blanco, D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/05

(239)
213-0332

Daytime Phone #