2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 FEB 20 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009091

1. Entity Name
ROBERT E. BLANCHARD, INC.

Principal Place of Business	Mailing Address
8355 BROKEN WILLOW LANE PORT RICHEY, FL 34668	8355 BROKEN WILLOW LANE PORT RICHEY, FL 34668

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3591843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANCHARD, ROBERT E 8355 BROKEN WILLOW LANE PORT RICHEY, FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCHARD, ROBERT E 8355 BROKEN WILLOW LANE PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2/12/20	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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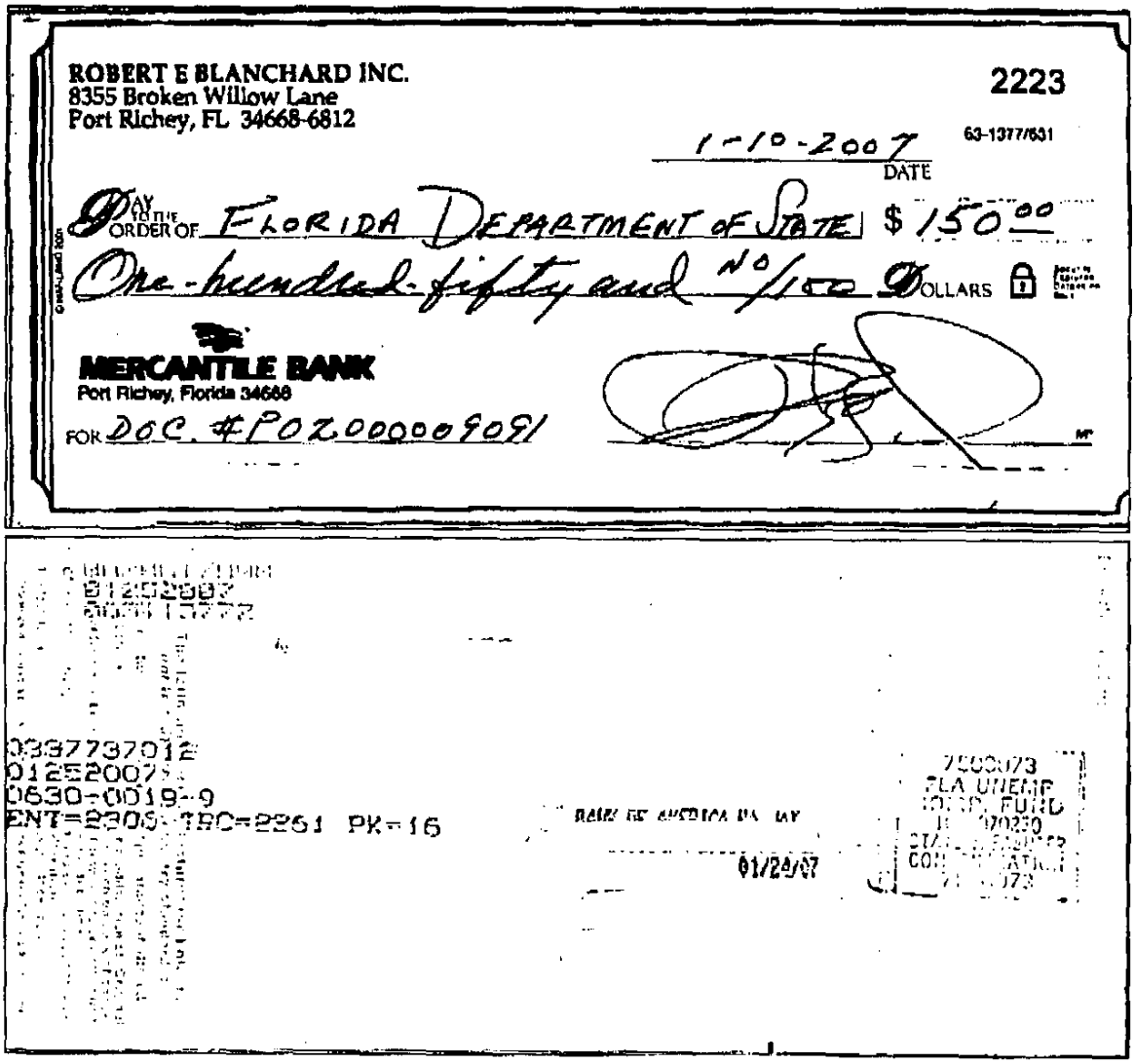
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

ROBERT E. BLANCHARD, PRES

SIGNATURE: _____ 1-10-2007 7278455948
SIGNATURE AND TYPED OR PRINTED NAME OF COMING OFFICER OR DIRECTOR — Date — Daytime Phone #



ROBERT E BLANCHARD INC.
8355 Broken Willow Lane
Port Richey, FL 34668-6812

2223

63-1377/631

1-10-2007
DATE

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE $ 150.00

One-hundred-fifty and NO/100 DOLLARS

MERCANTILE BANK
Port Richey, Florida 34668

FOR DOC. #P07000009091

0337737012
01252007
0630-0019-9
ENT=2305 TRC=2251 PK=16

BANK OF AMERICA PA

01/24/07

7500073
FLA UNEMP
COMP FUND