

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90120 034 ***150.00

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02152005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000049068			
1. Entity Name BLAIR CUSTOM WOODWORKING & HOME DECOR, INC.			
Principal Place of Business 4782 NE 11TH AVE. OAKLAND PARK, FL 33334		Mailing Address 4782 NE 11TH AVE. OAKLAND PARK, FL 33334	
2. Principal Place of Business 3364 SE GRAN PARKWAY Suite, Apt. #, etc.		3. Mailing Address 3364 SE GRAN PARKWAY Suite, Apt. #, etc.	
City & State STUART, FLORIDA Zip 34997 Country		City & State STUART, FLORIDA Zip 34997 Country	
4. FEI Number 02-0595737		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent WOLFE, LARRY 2514 HOLLYWOOD BLVD. #508 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GLENDON, BLAIR 4782 NE 11TH AVE. OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENDON BLAIR 3364 SE GRAN PARKWAY STUART, FLORIDA 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Glendon Blair - Glendon Blair</u>		4-29-05 772-219-8490	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	