

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000051773

1. Entity Name
THE BLATTNER FAMILY COMPOUND, INC.



Principal Place of Business
3802 EHRLICH RD STE 201
TAMPA, FL 33624

Mailing Address
3802 EHRLICH RD STE 201
TAMPA, FL 33624

FILED

07 MAY -9 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0436556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLATTNER, ED
2825 PALAMORE DR
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BLATTNER, ED 2825 PALAMORE DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BLATTNER, JEAN ANN 2825 PLAMORE DR TAMPA, FL 33618
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700103529077
05/30/07-01032-009 **350.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 813-460-7098
Date Daytime Phone #