

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000058172

1. Entity Name
BLAST-TECH, INC.



Principal Place of Business
**3621 FRANKFORD AVENUE
PANAMA CITY, FL 32405**

Mailing Address
**3621 FRANKFORD AVENUE
PANAMA CITY, FL 32405**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0705728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THRASHER, ANA
3621 FRANKFORD AVENUE
PANAMA CITY, FL 32405**

**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 *Ana Thrasher* **ANA THRASHER** 01/07/05
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THRASHER, ANA
STREET ADDRESS	3621 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	THRASHER, JAMES GUNNER
STREET ADDRESS	3621 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	THRASHER, KENNEN
STREET ADDRESS	3621 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/05-80016-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Ana Thrasher* **ANA THRASHER** 01/07/05 (850) 763-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #