2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 09, 2004 08:00 AM Secretary of State DOCUMENT # P02000110930 1. Entity Name M & M BLANTON MARKETING, INC. Mailing Address Principal Place of Business 29439 CORTEZ BLVD 29439 CORTEZ BLVD BROOKSVILLE, FL 33512 BROOKSVILLE, FL 33512 2. Principal Place of Business 3. Mailing Address 07282004 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 82-0569540 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Contricate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BLANTON, MARK Street Address (P.O. Box Number is Not Acceptable) 29439 CORTEZ BLVD BROOKSVILLE, FL 33512 Zip Code City 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 trie if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \Box corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPV D Dolete ☐ Change ☐ Addition THE TRE NAME BLANTON, MARK NAME 08/09/04-80001-005 150.00 STRFFT ADDRESS 29439 CORTEZ BLVD STREET ADDRESS DITY-SI-70P CATY-ST-ZIP BROOKSVILLE, FL 33512 Change Addition TITLE DST ☐ Defete TITLE NAME BLANTON, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 29439 CORTEZ BLVD BROOKSVILLE, FL 33512 915-72-YIK) C3TY-53-7/2 ☐ Change Addition ☐ Delete TITLE TITLE NAME MARIE STREET ADDRESS STREET ADDRESS CRY-SI-ZIP CXTY-57-7/P Addition Defete ☐ Chance fs₹ŧ€ RRE NAME STREET AODRESS STREET ADDRESS CUY-SI-79 CITY-ST-ZIP Change Addition THE Delete MASS MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSY-ST-7P ☐ Delete Change Addition TITLE MAME NAM-STREET ADDRESS STREET ADORESS CITY-ST-Z/P CTTY-51-21P 12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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 opport 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 live empowered.

OFRCER OR DIRECTOR

FILED