

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90060 001 ***150.00

DOCUMENT # P03000001096

1. Entity Name
BLAIR'S HOME SERVICES, INC.



Principal Place of Business
**7990 93RD AVE.
VERO BEACH, FL 32967**

Mailing Address
**7990 93RD AVE.
VERO BEACH, FL 32967**

40073000



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1439185	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLAIR, SHARON M
7990 93RD AVE.
VERO BEACH, FL 32967**

**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

Sharon M. Blair

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

(NOTE: Registered Agent signature required when reinstating)

4/12/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	BLAIR, DONALD E
STREET ADDRESS	7990 93RD AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	D
NAME	BLAIR, SHARON M
STREET ADDRESS	7990 93RD AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	D
NAME	BLAIR, SAMUEL J
STREET ADDRESS	7935 94TH CT.
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *X Sharon M. Blair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/12/08
Date

Daytime Phone #