

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000008854 1. Entity Name BLANCO MOTORS, INC.	
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Principal Place of Business
7236 NARCOOSSEE RD.
ORLANDO, FL 32822Mailing Address
7236 NARCOOSSEE RD.
ORLANDO, FL 32822

04272005 No Chg-P CR2E034 (10/03)

4. F.I. Number
03-0503885Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SAUNDERS, THOMAS C
1940 E. EDGEWOOD DR.
LAKE LAND, FL 33803**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 _____

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

(NOTE: Designated Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$650.00**9. Election Campaign Financing
(Just Fund Contribution) ☐\$5.00 May Be
Added to Fees**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLANCO, ALEXANDER
2223 CHESTERFIELD CIRCLE
LAKE LAND, FL 33813TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLANCO, SARAH
2223 CHESTERFIELD CIRCLE
LAKE LAND, FL 33813TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOLINA, ANTONIA
2223 CHESTERFIELD CIRCLE
LAKE LAND, FL 33813TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP1000000355908
05/04/05-80013-018 158.75**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Alexander Blanco 4/29/05 407-281-6868