

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90080 039 ***150.00

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1. Entity Name
SANDRA R. BLOUNT, INC.

Principal Place of Business
238 WILSHIRE BLVD.
SUITE 141
FERN PARK, FL 32730

Mailing Address

238 WILSHIRE BLVD.
SUITE 141
FERN PARK, FL 32730

2. Principal Place of Business
900 FOX VALLEY DR
Suite, Apt. #, etc.
108

3. Mailing Address
1002 Chesterfield CR
Suite, Apt. #, etc.

City & State
LONGWOOD FL
Zip 32719

City & State
WINTER SPRINGS FL
Zip 32708

Country USA

Country USA

6. Name and Address of Current Registered Agent

BLOUNT, SANDRA R
772 COACH LIGHT DR.
FERN PARK, FL 32730

7. Name and Address of New Registered Agent
Name Sandra R. BLOUNT
Street Address (P.O. Box Number is Not Acceptable)
1002 Chesterfield Circle
City WINTER SPRINGS FL Zip Code 32708

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

Sandra R. BLOUNT

2-23-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BLOUNT, SANDRA R
STREET ADDRESS 772 COACH LIGHT DR.
CITY-ST-ZIP FERN PARK, FL 32730

Delete

TITLE PD
NAME SANDRA R. BLOUNT
STREET ADDRESS 1002 CHESTERFIELD CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

Change Addition

TITLE VD
NAME BLOUNT, WESLEY E
STREET ADDRESS 772 COACH LIGHT DR.
CITY-ST-ZIP FERN PARK, FL 32730

Delete

TITLE VP
NAME Wesley E BLOUNT
STREET ADDRESS 1002 CHESTERFIELD CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: Sandra R. BLOUNT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 407-332-9295
Date Daytime Phone #