

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90080 039 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000020759 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 CIR Suite, Apt. #, etc.			
City & State LONGWOOD FL Zip 32719 Country USA		City & State WINTER SPRINGS FL Zip 32708 Country USA		4. FEI Number 51-0456587	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 DATE 2-23-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOUNT, SANDRA R 772 COACH LIGHT DR. FERN PARK, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDRA R. BLOUNT 1002 CHESTERFIELD CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOUNT, WESLEY E 772 COACH LIGHT DR. FERN PARK, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wesley E BLOUNT 1002 CHESTERFIELD CIR WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-23-05 Daytime Phone # 407-332 9295		