


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90062 020 ***150.00

DOCUMENT # P03000050491			
1. Entity Name D. BLAIR ENTERPRISES, INC.			
Principal Place of Business 5165 NW 74 PLACE COCONUT CREEK, FL 33073		Mailing Address 5165 NW 74 PLACE COCONUT CREEK, FL 33073	
2. Principal Place of Business P.O. Box 1753 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1753 Suite, Apt. #, etc.	
City & State Minneola FL		City & State Minneola FL	
Zip 34755	Country US	Zip 34755	Country US
4. FEI Number 01-0784592		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIR, DAVID 5165 NW 74 PLACE COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name: Mitch Bruckner, CPA Street Address (P.O. Box Number is Not Acceptable): 4992 N. Pine Island Rd. City: Lauderhill FL Zip Code: 33351	
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: <i>[Signature]</i> DATE: 2/10/05 (NOTE: Registered Agent signature required when reinstating)			
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	DP BLAIR, DAVID 5165 NW 74 PLACE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Blair, David 451 Winding Lake Dr. Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> David Blair, Pres.		Date: 2/05/05 Daytime Phone: 352-223-9228	