# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064284

1. Entity Name
BLAINE CONSTRUCTION ASSOCIATES, INC.

FILED
04 OCT 26 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 99 NORTHSHORE DRIVE<br>LOT 29<br>EASTPOINT, FL 32328 | 99 NORTHSHORE DRIVE<br>LOT 29<br>EASTPOINT, FL 32328 |

08042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

Robin Rawls
6556 Bellview Pines Rd.
Pensacola, FL 32526

Suite, Apt. #, etc. SAME

City & State

Zip | Country | Zip | Country Escambia

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAWLS, ROBIN S<br>6556 BELLVIEW PINES ROAD<br>PENSACOLA, FL 32526 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>President<br>Jim HARBUCK<br>99 Northshore Drive, Lot 29<br>Eastpoint FL 32328<br>NO CHANGE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>VICE-President<br>Glenda Harbuck<br>99 Northshore Drive, Lot 29<br>Eastpoint FL 32328<br>NO CHANGE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>Secretary<br>Cynthia Jordan<br>99 Northshore Drive, Lot 29<br>Eastpoint FL 32328<br>NO CHANGE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900042186749<br>10/26/04--01053--013 **150.00 |
| 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<br>10/28 |

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:** Glenda H. Harbuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10-25-04

To whom it may Concern:
I mailed this money order and 2004 Profit Report to Division of Corp. on 9-07. and I recieved it back last week. Please re accept this for us. I'm sending the envelope so that you can see what Date we mailed it

Thank You,
Brenda Hasbeck