


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------|---|
| DOCUMENT # P03000095349 |  |
| 1. Entity Name BLOTTER, INC. | |

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|---|---|
| Principal Place of Business 718 E. MINNESOTA AVE. ORANGE CITY, FL 32763 | Mailing Address 718 E. MINNESOTA AVE. ORANGE CITY, FL 32763 |
|---|---|



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 81-0631922 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SAMERO, MARIE E 718 E. MINNESOTA AVE. ORANGE CITY, FL 32763 | |
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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: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THORNTON, CHRISTOPHER E 718 E. MINNESOTA AVE. ORANGE CITY, FL 32763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR THORNTON, CHRISTOPHER E 718 E. MINNESOTA AVE. ORANGE CITY, FL 32763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP THORNTON, CHRISTOPHER J 1355 18TH STREET ORANGE CITY, FL 32763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC KENNEDY, JAMES 1099 BEE LANE GENEVA, FL 32732 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/15/05-80086-011 150.00

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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)(f), 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

4/12/05
Date Daytime Phone #

386-943-1924