

**2007.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90016 007 ***158.75

DOCUMENT # P03000106346

1. Entity Name
BLASTGARD TECHNOLOGIES, INC.



Principal Place of Business
12900 AUTOMOBILE BLVD.
SUITE D
CLEARWATER, FL 33762-4715 US

Mailing Address
12900 AUTOMOBILE BLVD.
SUITE D
CLEARWATER, FL 33762-4715 US

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0707644

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, MICHAEL J
2926 MAGNOLIA TRACE
TARPO SPRINGS, FL 34688

**DO NOT WRITE
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

MICHAEL J. GORDON

1-8-2007

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WADDELL, JOHN L JR.
6723 FAWNCLIFF DRIVE
HOUSTON, TX 77069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GORDON, JAMES F
350 SORRENTO RANCHES DRIVE
NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTSD
GORDON, MICHAEL J
2926 MAGNOLIA TRACE
TARPO SPRINGS, FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

MICHAEL J. GORDON

1-8-07

727-592-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #