

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 047 ***150.00

DOCUMENT # P03000141862

1. Entity Name Clifford L. Blanchard
CS BLANCHARD, INC.



Principal Place of Business

C/O CLIFFORD L. BLANCHARD
1315 SHANNON COURT
ROCKLEDGE FL 32955

Mailing Address

1315 SHANNON COURT
ROCKLEDGE FL 32955

200000310



2. Principal Place of Business

1315 Shannon Ct
Suite. Apt. #, etc.
Court

3. Mailing Address

1315 Shannon Ct
Suite. Apt. #, etc.
Court

City & State

Rockledge Florida
Zip 32955 Country Brevard

City & State

Rockledge Florida
Zip 32955 Country Brevard

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0444883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, CLIFFORD
1315 SHANNON COURT
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Clifford L. Blanchard

Signature of 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BLANCHARD, CLIFFORD
STREET ADDRESS 1315 SHANNON COURT
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ Delete
NAME BLANCHARD, SANDRA
STREET ADDRESS 1315 SHANNON COURT
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Clifford L. Blanchard

1-29-06

321-636-3590