2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035219

FILED Apr 28, 2005 Secretary of State

Entity Name: BLAIR INSURANCE SERVICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1501 E CONCORD STREET ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 1501 E CONCORD STREET ORLANDO, FL 32803 FEI Number: 20-1127845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, BLAIR T 1501 E CÓNCORD STREET ORLANDO, FL 32803 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition PINKLEY, WALLACE R PINKLEY, WALLACE R Name: Name: 1501 E CONCORD STREET 5001 S. HWY 17-92 Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: CASSELBERRY, FL 32718

Title: () Delete Title: V.P () Change (X) Addition Name: Name: MANUEL, MICHAEL W Address: Address: 5001 S. HWY 17-92 CASSELBERRY, FL 32718 City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE PINKLEY **PRES** 04/28/2005