

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90063 012 ***158.75

DOCUMENT # P04000104038					
1. Entity Name BLAIR REALTY, INC.					
Principal Place of Business 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716			Mailing Address 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-1359917	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELICE, DAVID M 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716			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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, ROBERT B 5600 U.S. 98 NORTH, SUITE 7 LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/D Young, Robert B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SEMBLER, M. STEVEN 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Sembler, M. Steven	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELICE, DAVID M 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Felice, David M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENZANO, FRANCIS 5600 U.S. 98 NORTH, SUITE 7 LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, KAREN 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/AS McDonald, Karen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fanelli, Julie V. 11300 4th Street N, Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: David M. Felice, 2/22/05 727-579-3650 _____ _____ _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					