

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000104157**

1. Entity Name  
**BLAIS TRACTOR SERVICE INC.**



Principal Place of Business  
**660 YALE STREET  
ENGLEWOOD, FL 34223 US**

Mailing Address  
**P O BOX 31  
ENGLEWOOD, FL 34295 US**



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1364039**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLAIS, JUSTIN  
14170 CARRIE AVENUE  
PORT CHARLOTTE, FL 33953**

**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 \_\_\_\_\_

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	D,VP
NAME	BLAIS, DENNIS
STREET ADDRESS	PO BOX 86
CITY-ST-ZIP	PITTSBURG, NH 03592
TITLE	P
NAME	BLAIS, JUSTIN
STREET ADDRESS	14170 CARRIE AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	S,T
NAME	BLAIS, MISTY
STREET ADDRESS	14170 CARRIE AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80050-021 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Justin Blais*  
**Justin Blais**

**2-2-07**

Date

**941-270-2859**

Daytime Phone #