


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90069 029 ***150.00

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|---|---------------------------------|-----------------------------------|--|--|--|
| DOCUMENT # P04000104485 | | | |  | |
| 1. Entity Name NATIONAL BLAST LAMINATORS, INC. | | | | | |
| Principal Place of Business 11216 MERCEDES ST SPRING HILL, FL 34609 | | | Mailing Address EUGENE D. ASHMAN CPA PO BOX 3990 SPRING HILL, FL 34611-3990 | | |
| 2. Principal Place of Business - No P.O. Box # 12319 Linden Dr | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Spring Hill, FL | | City & State | | 4. FEI Number 20-1353493 | |
| Zip 34608 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ASHMAN, EUGENE D 1366 PINEHURST DR STE 1366 SPRING HILL, FL 34606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PT NAME WILLHITE, PHILLIP L STREET ADDRESS 11216 MERCEDES ST CITY-ST-ZIP SPRING HILL, FL 34609 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME WILLHIR, PHILLIP STREET ADDRESS 11216 MERCEDES ST CITY-ST-ZIP SPRING HILL, FL 34609 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Phil Willhite</u> Phil Willhite <u>3/10/07</u> <u>352-476-6777</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small> | | | | | |

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02062007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1353493

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

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|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
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SIGNATURE: Phil Willhite **Phil Willhite** 3/10/07 352-476-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #