

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90033 039 ***158.75

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1. Entity Name
BLANDFORD INSURANCE SERVICES, CORP.



Principal Place of Business
2000 U.S. 1
STE. 100 D.
COCONUT GROVE, FL 33133

Mailing Address
2000 U.S. 1
STE. 100 D.
COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #
3936 SW 69th Ave

3. Mailing Address
3936 SW 69th Ave

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country
USA

Zip
33155

Country

07232008 Chg-P CR2E034 (12/06)

4. FEI Number
35-2253663

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BLANDFORD, OWEN FRANZ
~~2000 U.S. 1~~
~~STE. 100 D.~~
COCONUT GROVE, FL 33133

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 _____
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 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANDFORD, OWEN FRANZ 2000 U.S. 1 STE 100 D COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3936 SW 69th Ave Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANDFORD, FRANCIA ELENA 2000 U.S. 1 STE 100 D COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3936 SW 69th Ave Miami, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Owen Blanford **7-23-08** **305-297-5440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #