

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000099338

1. Entity Name

DAVID BLASEL INCORPORATED



**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90064 008 ***158.75



1st MOORE CR2E034 (10/06)

Principal Place of Business 1305 VILLAGE LANE WINTER PARK FL 32792		Mailing Address PO BOX 173 <i>OK</i> WINTER PARK FL 32790	
2. Principal Place of Business - No P.O. Box # <i>2585 GRASSY POINT DR. #111</i>		3. Mailing Address Suite, Apt. #, etc. <i>LAKE MARY, FLORIDA</i>	
City & State <i>32746 U.S.A.</i>		City & State <i>32790 U.S.A.</i>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BLASEL, DAVID 1305 VILLAGE LANE WINTER PARK FL 32792			
7. Name and Address of New Registered Agent Name <i>DAVID J. BLASEL</i> Street Address (P.O. Box Number is Not Acceptable) <i>2585 GRASSY POINT DR. #111</i> <i>LAKE MARY, FLORIDA 32746</i> City <i>FL</i> Zip Code <i>32746</i>			

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

David J. Blasel Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 10, 2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLASEL, DAVID 1305 VILLAGE LANE WINTER PARK FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 <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 Section 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 power like empowered.

SIGNATURE: *David J. Blasel* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCH 10, 2007 770-330-8638
Daytime Phone #