


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-19-2007 90064 008 \*\*\*158.75

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| DOCUMENT # P05000099338                     |  |
| 1. Entity Name<br>DAVID BLASEL INCORPORATED |   |

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| Principal Place of Business<br>1305 VILLAGE LANE<br>WINTER PARK FL 32792 | Mailing Address <i>OK</i><br>PO BOX 173<br>WINTER PARK FL 32790 |
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| 2. Principal Place of Business - No P.O. Box #<br><i>2585 GRASSY POINT DR. #111</i><br>Suite, Apt. #, etc.<br><i>LAKE MARY, FLORIDA</i><br>City & State<br><i>32746</i><br>Zip<br><i>U.S.A.</i><br>Country | 3. Mailing Address<br><i>P.O. BOX 173</i><br>Suite, Apt. #, etc.<br><i>WINTER PARK, FL.</i><br>City & State<br><i>32790</i><br>Zip<br><i>U.S.A.</i><br>Country |
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1st MOORE CR2E034 (10/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>16-1617059 | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>BLASEL, DAVID<br>1305 VILLAGE LANE<br>WINTER PARK FL 32792 |
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| 7. Name and Address of New Registered Agent<br>Name<br><i>DAVID J. BLASEL</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>2585 GRASSY POINT DR. #111</i><br><i>LAKE MARY, FLORIDA</i><br>City<br><i>FL</i> Zip Code<br><i>32746</i> |
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| 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 <i>David J. Blasel</i><br><small>Signature, typed or printed name of registered agent and title, if applicable.</small>   | DAVID J. BLASEL<br><small>(NOTE: Registered Agent signature required when re-registering)</small><br>MARCH 10, 2007<br><small>DATE</small> |

**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<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|-----------------------------|

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete |
| <i>P</i><br>BLASEL, DAVID<br>1305 VILLAGE LANE<br>WINTER PARK FL 32792 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                                   |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <i>P</i><br>DAVID J. BLASEL<br>2585 GRASSY POINT DR. #111<br>LAKE MARY, FL. 32746 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 other like empowered.

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| SIGNATURE <i>David J. Blasel</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DAVID J. BLASEL<br><small>DATE</small><br>MARCH 10, 2007<br><small>Dynamic Phone #</small><br>770-330-8638 |
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