

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90033 029 ***150.00

DOCUMENT # P05000164748

1. Entity Name

BLT OF CHARLOTTE COUNTY, INC.



Principal Place of Business

3061 ROCK CREEK DRIVE
PORT CHARLOTTE, FL 33948

Mailing Address

3061 ROCK CREEK DRIVE
PORT CHARLOTTE, FL 33948

60006346



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3984800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R. THOMAS BROWN
3061 ROCK CREEK DRIVE
PORT CHARLOTTE, FL 33948

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 reissuing)

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	SUTTON, WILLIAM J
CITY-ST-ZIP	27920 JONES LOOP RD PUNTA GORDA, FLA 33982
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D
STREET ADDRESS	WELSH, LARRY T
CITY-ST-ZIP	1200 PINE CT PORT CHARLOTTE, FLA 33980
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/D
STREET ADDRESS	BROWN, R. THOMAS
CITY-ST-ZIP	3061 ROCK CREEK DR PORT CHARLOTTE, FLA 33948
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

R. Thomas Brown

R. THOMAS BROWN

1/23-07

941-625-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #