

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90051 031 \*\*\*158.75

<b>DOCUMENT # P06000029499</b> 1. Entity Name <b>MARK BLANCHARD AGENCY, INC.</b>					
Principal Place of Business <b>197 MONTGOMERY RD SUITE 155 ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>197 MONTGOMERY RD SUITE 155 ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business - No P.O. Box # <b>407 WEKIVA SPRINGS RD Suite, Apt. #, etc. # 255</b>		3. Mailing Address <b>407 WEKIVA SPRINGS RD Suite, Apt. #, etc. # 255</b>			
City & State <b>LONGWOOD FL</b>		City & State <b>LONGWOOD FL</b>		07032007 Chg-P CR2E034 (12/06)	
Zip <b>32779</b>		Country <b>SEMI-NOLE</b>		4. FEI Number <b>01-0588583</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BLANCHARD, MARK 197 MONTGOMERY RD #155 ALTAMONTE SPRINGS, FL 32714</b>			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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	P,D BLANCHARD, MARK 197 MONTGOMERY RD #155 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>407 WEKIVA SPRINGS RD # 255 LONGWOOD FL. 32779</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,D BLANCHARD, ELVIA 197 MONTGOMERY RD #155 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLANCHARD, CHARLENE 197 MONTGOMERY RD #155 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>407 WEKIVA SPRINGS RD # 255 LONGWOOD FL. 32779</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GM TONSETIC, MICHAEL 197 MONTGOMERY RD #155 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V.P.D MICHAEL TONSETIC 407 WEKIVA SPRS RD # 256 LONGWOOD FL. 32779</b>	
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	
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: <u>Mark Blanchard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-7-07</u> Daytime Phone # <u>407 788 8640</u>		