


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 042 ***150.00

DOCUMENT # P07000004823 1. Entity Name BLAS, INC																																																																																																																													
Principal Place of Business 405 SILVER OAK LN ALTAMONTESPRINGS, FL 32701			Mailing Address 405 SILVER OAK LN ALTAMONTESPRINGS, FL 32701																																																																																																																										
2. Principal Place of Business No P.O. Box # 405 Silver Oak Ln		3. Mailing Address same																																																																																																																											
Suite, Apt. #, etc. Altamonte		Suite, Apt. #, etc. 																																																																																																																											
City & State FL		City & State 																																																																																																																											
Zip 32701		Country Seminole		4. FFL Number 36-4630286																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent OLIVER, BETTY J 405 SILVER OAK LN ALTAMONTE SPRINGS, FL 32701				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;"> FL Zip Code </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: <u><i>Betty Oliver</i></u> 4/17/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
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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><i>Betty Oliver</i></u> 4-15-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													