2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052880

FILED Mar 06, 2004 Secretary of State

Entity Name: 72 HOUR BLIND FACTORY OF ALACHUA COUNTY, INC. **New Principal Place of Business: Current Principal Place of Business:** 4500 N.W. 6TH STREET GAINESVILLE, FL 32609 **Current Mailing Address: New Mailing Address:** 4500 N.W. 6TH STREET GAINESVILLE, FL 32609 FEI Number: 59-3256079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUBINER, DAVID DUBINER, DAVID 8015 NW 2ND CT 8015 NW 2ND CT GAINESVILLE, FL 33607 US #67 GAINESVILLE, FL 33607 US 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. SIGNATURE: 03/06/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DUBINER, DAVID S Name: Name: 8015 NW 2ND CT Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: Title: () Change () Addition () Delete DUBINER, CYNTHIA Name: Name: 8015 NW 2ND CT Address: Address: GAINESVILLE, FL 32607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DUBINER PRES 03/06/2004