

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000082657

1. Entity Name

BLAIR FAMILY ENTERPRISES, INC.



Principal Place of Business

5100 N.W. 53RD AVE.  
GAINESVILLE FL 32653  
US

Mailing Address

5100 N.W. 53RD AVE.  
GAINESVILLE FL 32653  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

59-3278371

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

BLAIR, DAVID  
5100 NW 53RD AVENUE  
GAINESVILLE FL 32653

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

*David Blair, David Blair, Vice-President*

4/19/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | P                    | <input type="checkbox"/> Delete |
| NAME            | BLAIR, ROGER D       |                                 |
| STREET ADDRESS  | 5023 NW 60TH TERRACE |                                 |
| CITY - ST - ZIP | GAINESVILLE FL       |                                 |
| TITLE           | VT                   | <input type="checkbox"/> Delete |
| NAME            | BLAIR, MINH C        |                                 |
| STREET ADDRESS  | 5023 NW 60TH TERRACE |                                 |
| CITY - ST - ZIP | GAINESVILLE FL       |                                 |
| TITLE           | S                    | <input type="checkbox"/> Delete |
| NAME            | BLAIR, DONALD        |                                 |
| STREET ADDRESS  | 5024 NW 60TH TERRACE |                                 |
| CITY - ST - ZIP | GAINESVILLE FL       |                                 |
| TITLE           | T                    | <input type="checkbox"/> Delete |
| NAME            | BLAIR, DAVID R.      |                                 |
| STREET ADDRESS  | 5108 NW 60TH TERRACE |                                 |
| CITY - ST - ZIP | GAINESVILLE FL       |                                 |
| 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 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 |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

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04/20/05-80058-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*David Blair, David Blair*

4/19/05 (352)377-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #