

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082657

FILED
Apr 24, 2006
Secretary of State

Entity Name: BLAIR FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3278371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, DAVID
5100 NW 53RD AVENUE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAIR, ROGER D
Address: 5023 NW 60TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: VT () Delete
Name: BLAIR, MINH C
Address: 5023 NW 60TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: S () Delete
Name: BLAIR, DONALD
Address: 5024 NW 60TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: T () Delete
Name: BLAIR, DAVID R.
Address: 5108 NW 60TH TERRACE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 BLAIR

T

04/24/2006

Electronic Signature of Signing Officer or Director

Date