


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90028 047 ***150.00

DOCUMENT # P95000021000

1. Entity Name
BLANCHARD & ASSOCIATES RESIDENTIAL CONTRACTOR, INC.



Principal Place of Business
17391 87TH LANE NORTH
LOXAHATCHEE, FL 33470 US

Mailing Address
17391 87TH LANE NORTH
LOXAHATCHEE, FL 33470 US

40013902

2. Principal Place of Business
6020 Community House Rd.

3. Mailing Address
6020 Community House Rd.

Suite, Apt. #, etc.



02042005 Chg-P CR2E034 (10/03)

City & State
COLUMBIA, VIRGINIA

City & State
COLUMBIA, VIRGINIA

Zip
23038

Country
UNITED STATES

Zip
23038

Country
UNITED STATES

4. FEI Number
65-0631739

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SHALLOWAY, C. MICHAEL
1665 PALM BEACH LAKES BLVD
PH SUITE 1003
WEST PALM BEACH, FL 33401-2109

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 BLANCHARD, GREGORY B
STREET ADDRESS 17391 87TH LANE NORTH	CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE ST <input type="checkbox"/> Delete	NAME KELLER, SUSAN A
STREET ADDRESS 17391 87TH LANE NORTH	CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS 6020 COMMUNITY HOUSE RD.	CITY-ST-ZIP COLUMBIA, VA 23038
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS 6020 COMMUNITY HOUSE RD.	CITY-ST-ZIP COLUMBIA, VA 23038
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 _____

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Gregory B. Blanchard* **Gregory B. BLANCHARD (PRESIDENT)** 2/9/05 804-457-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #