

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90691 037 ***150.00

DOCUMENT # P95000076047

1. Entity Name

BLUME & SONS, INC.



Principal Place of Business

Mailing Address

~~6950 118TH AVENUE NORTH~~
~~LARGO FL 33773~~
~~US~~

~~6350 118TH AVENUE NORTH~~
~~LARGO FL 33773~~
~~US~~

2. Principal Place of Business

745 HARBOR ISLAND

3. Mailing Address

745 HARBOR ISLAND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLA.

City & State

CLEARWATER FLA.

4. FEI Number

59-3339970

Applied For

Not Applicable

Zip 33767

Country

USA

Zip

33767

Country

USA

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

6. Name and Address of Current Registered Agent

BLUME, STEPHEN G
~~6354 118TH AVENUE NORTH~~
~~LARGO FL 33773~~

7. Name and Address of New Registered Agent

Name

STEPHEN G. BLUME

Street Address (P.O. Box Number is Not Acceptable)

745 HARBOR ISLAND

City

CLEARWATER

FL

Zip Code

33767

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

Stephen G. Blume
STEPHEN G. BLUME

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PS	<input type="checkbox"/> Delete
NAME	BLUME, STEPHEN G	
STREET ADDRESS	745 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BLUME, TYE G	
STREET ADDRESS	6354 118TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Blume, Tony C.	
STREET ADDRESS	745 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER, FLA. 33767	
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	745 HARBOR ISLAND	
STREET ADDRESS	CLEARWATER, FLA. 33767	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	745 HARBOR ISLAND	
STREET ADDRESS	CLEARWATER, FLA. 33767	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blume, Tony C.	
STREET ADDRESS	745 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER, FL. 33767	
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:

Stephen G. Blume

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN G. BLUME

Date

Daytime Phone #

4/27/04 (727) 423-1241