

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 021 ***150.00

DOCUMENT # P96000085215 1. Entity Name BLAIR CONSULTING, INC.			
Principal Place of Business 27 SOUTHWIND COURT E NICEVILLE, FL 32578-4807 US		Mailing Address 27 SOUTHWIND COURT E NICEVILLE, FL 32578-4807 US	
2. Principal Place of Business 27 SOUTHWIND COURT Suite, Apt. #, etc.		3. Mailing Address 27 SOUTHWIND COURT Suite, Apt. #, etc.	
City & State NICEVILLE FL Zip 32578-4807 Country USA		City & State NICEVILLE FL Zip 32578-4807 Country USA	
4. FEI Number 59-3406907		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIR, ROBERT H 47 MARINA COVE DRIVE UNIT 111 NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27 SOUTHWIND COURT City NICEVILLE FL Zip Code 32578-4807	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BLAIR, ROBERT H STREET ADDRESS 47 MARINA COVE DRIVE UNIT 112 CITY-ST-ZIP NICEVILLE, FL 325784162	<input type="checkbox"/> Delete	TITLE 27 SOUTHWIND COURT STREET ADDRESS NICEVILLE, FL 32578-4807 CITY-ST-ZIP NICEVILLE, FL 32578-4807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME BLAIR, ANNE PURSELL STREET ADDRESS 47 MARINA COVE DRIVE UNIT 112 CITY-ST-ZIP NICEVILLE, FL 325784162	<input type="checkbox"/> Delete	TITLE 27 SOUTHWIND COURT STREET ADDRESS NICEVILLE, FL 32578-4807 CITY-ST-ZIP NICEVILLE, FL 32578-4807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the address of my authorized agent.			
SIGNATURE: ROBERT H. BLAIR, PRESIDENT 1/6/04 (850) 897-0007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			