


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90229 022 \*\*\*158.75

DOCUMENT # P97000011582 1. Entity Name THE GOLDBLATT GROUP, INC.	
--	---

Principal Place of Business 5555 HWY US1 S. U.S. Hwy # 1 ROCKLEDGE, FL 32955	Mailing Address 5555 HWY US1 S. U.S. Hwy # 1 ROCKLEDGE, FL 32955
--	--

14008279



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3442097	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GOLDBLATT, SUSAN 7 RIVER RIDGE DRIVE ROCKLEDGE, FL 32955
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBLATT, SUSAN 7 RIVER RIDGE ROAD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDBLATT, JOE 7 RIVER RIDGE ROAD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, or with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #