

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000017529**

1. Entity Name  
**B & V PROPERTIES, INC.**



Principal Place of Business  
**2825 ST JOHN BLUFF RD S  
JACKSONVILLE, FL 32246**

Mailing Address  
**22200 LAKE SENECA RD  
EUSTIS, FL 32736 US**

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3433727**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLANCHARD, CLAYTON H JR  
35 E PINEHURST BLVD  
EUSTIS, FL 32726**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
**PD  
BLANCHARD, CLAYTON H JR  
22200 LAKE SENECA ROAD  
EUSTIS, FL 32736**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
BLANCHARD, AMY  
22200 LAKE SENECA ROAD  
EUSTIS, FL 32736**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MCCLURE, GERALD  
3757 HERMITAGE ROAD EAST  
JACKSONVILLE, FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000895727  
04/24/08-80079-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Amy Blanchard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amy Blanchard* 4/11/08

Date

Daytime Phone #

352/  
357-2788