

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000018269

1. Entity Name

B-FOUR FAMILY COMPANY, INC.



Principal Place of Business

15905 BARNSTORMER CT  
WEST PALM BEACH, FL 33414

Mailing Address

15905 BARNSTORMER CT  
WEST PALM BEACH, FL 33414



03292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0825071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

BLODGETT, GARY R  
15905 BARNSTORMER CT  
WEST PALM BEACH, FL 33414

**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, 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	PD
NAME	BLODGETT, ELIZABETH
STREET ADDRESS	145 JONATHAN DRIVE
CITY-STATE-ZIP	CANONSBURG, PA 15317
TITLE	STDC
NAME	BLODGETT, GARY R
STREET ADDRESS	15905 BARNSTORMER CT
CITY-STATE-ZIP	WEST PALM BEACH, FL 33414
TITLE	VD
NAME	BLODGETT, THOMAS R
STREET ADDRESS	PO BOX 163
CITY-STATE-ZIP	MARS, PA 16046
TITLE	VD
NAME	ALTMAN, STACEY A
STREET ADDRESS	399 WOODCLIFF CIR
CITY-STATE-ZIP	PITTSBURGH, PA 15243
TITLE	VD
NAME	SANCHEZ, PORFIRIO
STREET ADDRESS	15905 BARN STORMER COURT
CITY-STATE-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000873807  
04/10/08-80031-025 150.00

**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:

*Gary R. Blodgett*

3-29-08

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