


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000020276	
1. Entity Name DONNA L. BLAIR LCSW, P.A.	

Principal Place of Business 221 DUNE DRIVE SANTA ROSA BEACH FL 32459	Mailing Address PO BOX 1642 SANTA ROSA BEACH FL 32459
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

5. Name and Address of Current Registered Agent BLAIR, DONNA L 221 DUNE DRIVE SANTA ROSA BEACH FL 32459	
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4. FEI Number 59-3509929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete P BLAIR, DONNA L 221 DUNE DR SANTA ROSA BCH FL 32459
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D MOORE, ROBIN 14611 CECIL DRIVE LITTLE ROCK AK 72223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D OTT, SUSAN 605 RIVER CHASE POINT ATLANTA GA 30325
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D PRICE, AMARYLLIS 12213 MILLS REAM DR BOWIE MD 20715
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D DONNELLY, GREGORY 5864 NICHOLSON LANE #512 N BETHESDA MD 20852
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 an address, with all other like empowered.

SIGNATURE: Donna L. Blair Donna L. Blair 4/4/05 (850) 267-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #