2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am **Secretary of State** DOCUMENT # P98000024809 1. Entity Name. 01-26-2005 90018 024 ***158.75 BLANCHARD HOMES, INC. Principal Place of Business Mailing Address 705 C LIVE OAK ST. 705 C LIVE OAK ST. 40007187 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3499706 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANCHARD, DAVID A Street Address (P.O. Box Number is Not Acceptable) 705 C LIVE OAK ST. TARPON SPRINGS FL 34689 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. SECRETARY TREASURER PSD TITLE ☐ Delete TITLE Change Addition BLANCHARD, ROBIN BLANCHARD, DAVID A NAME NAME 705-C LINE OAK ST. STREET ADDRESS 705-C LIVE OAK ST. STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TARPON SPRINGS, FL 34689 PRESIDENT / DIRECTOR Change ☐ Addition TITLE ☐ Delete TITLE NAME SICHTERMAN, ERIC NAME BLANCHARD, DAVID A 705-C LIVE OAK ST STREET ADDRESS STREET ADDRESS 705-C LINE DAK ST. CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TARRON SPRINGS, FL ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP ☐ Defete TITLE ☐ Change ■ Addition TITLE NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

OFFICER OR DIRECTOR

FILED