


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90006 028 \*\*\*150.00

**DOCUMENT # P98000078835**  
 1. Entity Name  
**MRS BLUEPRINT OF CHARLOTTE COUNTY INC.**



Principal Place of Business      Mailing Address  
 3095-A TAMiami TRAIL      3095-A TAMiami TRAIL  
 CHARLOTTE, FL 33952 US      CHARLOTTE, FL 33952 US

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**  
 ROLLINS, WILLIAM C  
 26214 FEATHER SOUND DRIVE  
 PUNTA GORDA, FL 33955

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<i>P+ST</i>
NAME	ROLLINS, WILLIAM C
STREET ADDRESS	3393 BEACON DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	<del>ST</del>
NAME	<del>ROLLINS, LOIS F</del>
STREET ADDRESS	<del>3393 BEACON DRIVE</del>
CITY-ST-ZIP	<del>PORT CHARLOTTE, FL 33980</del>
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, with all other like empowered.

**SIGNATURE:** *William C Rollins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_