



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90132 031 \*\*\*150.00

<b>DOCUMENT # P98000101772</b> 1. Entity Name <b>BLADE BUILDING SERVICES, INC.</b>					
Principal Place of Business <b>5950 PALM TRACE LANDINGS DR. UNIT 307 DAVIE, FL 33314</b>			Mailing Address <b>732 E. MILL CREEK RD. FLEETWOOD, NC 28626</b>		
2. Principal Place of Business <b>4329 SW 74 Ave</b>		3. Mailing Address <b>4329 SW 74 Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03302005    Chg-P    CR2E034 (10/03)	
City & State <b>Davie FL</b>		City & State <b>Davie FL</b>		4. FEI Number <b>65-0880982</b>	
Zip <b>33314</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SELDOMRIDGE, SHERON 5950 PALM TRACE LANDING DR. UNIT 307 DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name <b>Sheron Seldomridge</b> Street Address (P.O. Box Number is Not Acceptable) <b>4329 SW 74 Ave</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b>			
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELDOMRIDGE, SHERON 5950 PALM TRACE LANDINGS DR. UNIT 307 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheron Seldomridge 4329 SW 74 Ave Davie, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Sheron D. Seldomridge</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____    Daytime Phone # _____	