

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107939

FILED
Apr 22, 2009
Secretary of State

Entity Name: B.L. & ASSOCIATES OF TALLAHASSEE, INC.

Current Principal Place of Business:

1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE, FL 32308

Current Mailing Address:

POST OFFICE BOX 38070
TALLAHASSEE, FL 32315

New Principal Place of Business:

1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE, FL 32308 US

New Mailing Address:

POST OFFICE BOX 38070
SUITE B
TALLAHASSEE, FL 32315 US

FEI Number: 59-3549266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, EUGENE B
2012 DUNEAGLE LN.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

JONES, EUGENE B
1608 METROPOLITAN CIRCLE, SUITE B
SUITE B
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: EUGENE B. JONES

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: JONES, EUGENE B
Address: 1919 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: VSD () Delete
Name: MOREAU, RAYMOND L
Address: 1895 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: EUGENE JONES LIVING TRUST
Address: POST OFFICE BOX 38070
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: VSD (X) Change () Addition
Name: MOREAU, RAYMOND L
Address: 1895 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE JONES LIVING TRUST

PTD

04/22/2009

Electronic Signature of Signing Officer or Director

Date