

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P99000032575

1. Entity Name
BLANDO PRODUCTIONS, INC.



Principal Place of Business

2114 PINE MEADOWS
GOLF COURSE ROAD
EUSTIS, FL 32726

Mailing Address

800 N. HWY 434
SUITE #1
ALTAMONTE SPRINGS, FL 32714



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3580247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAND, JEFF S
2114 PINE MEADOWS GOLF COURSE RD
EUSTIS, FL 32726

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	BLAND, JEFF S
STREET ADDRESS	2114 PINE MEADOWS G.C. ROAD
CITY-ST-ZIP	EUSTIS, FL 32726

TITLE	T
NAME	BAIN, BOBBI
STREET ADDRESS	2114 PINE MEADOWS G.C. ROAD
CITY-ST-ZIP	EUSTIS, FL 32726

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/11/08-80041-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08 407-619-0201