

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 08:00 AM
Secretary of State

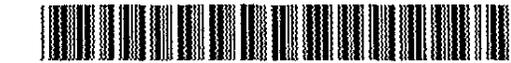
DOCUMENT # P99000078828

1. Entity Name
JIM BLANCK INC.



| | |
|--|--|
| Principal Place of Business 101 S WYMORE RD SUITE 228 ALTAMONTE SPRINGS, FL 32714 | Mailing Address 101 S WYMORE RD SUITE 228 ALTAMONTE SPRINGS, FL 32714 |
|--|--|

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06242004 No Chg-P CR2E034 (10/03)

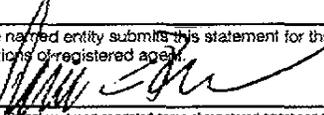
| | |
|---|---------------------------------------|
| 4. FEI Number 59-3596498 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BLANCK, JAMES E
 101 S WYMORE RD. SE 228
 ALTAMONTE SPRINGS, FL 32714

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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: 8-4-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

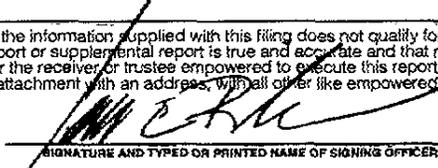
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLANCK, JIM 393 WOLDUNN CIR. LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000169473
 08/06/04-80002-005 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 6-25-04 (407) 862-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #