

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # S29668

1. Entity Name
BLAKE AND LEHMAN ENTERPRISES, INC.



Principal Place of Business
1315 SE 1ST. STREET
GAINESVILLE, FL 32601 US

Mailing Address
1615 SW 35TH PLACE
GAINESVILLE, FL 32608 US

DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3050757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JAMES
1615 SW 35TH PLACE
GAINESVILLE, FL 32608

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, JAMES L.
STREET ADDRESS 1615 S 35TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE S
NAME LORI SUE LAMB
STREET ADDRESS 1615 SW 35TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32608

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03/08/07-80018-019 150.00

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IN THIS SPACE

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

2/27/07 352 3384430
Date Daytime Phone #