

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90313 025 ***150.00

DOCUMENT # S89333

1. Entity Name

BLANCHARD COLLATERAL & RECOVERY, INC.



Principal Place of Business

13607 W HILLSBOROUGH AVE
TAMPA FL 33635
US

Mailing Address

13607 W HILLSBOROUGH AVE
TAMPA FL 33635
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-3090341**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, ELMER R.
209 N BAY HILLS BLVD
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME VD
STREET ADDRESS BLANCHARD, ELMER R.
CITY-ST-ZIP 209 N BAY HILLS BLVD
SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME P
STREET ADDRESS BLANCHARD, JASON A.
CITY-ST-ZIP 1011 STATE STREET EAST
OLDSMAR FL 34677

TITLE ☐ Delete
NAME ST
STREET ADDRESS BLANCHARD HOWE, MICHELE
CITY-ST-ZIP 1546 DOUGLAS AVE
DUNEDIN FL 34698

TITLE ☐ Delete
NAME VP
STREET ADDRESS BLANCHARD, JAKE C
CITY-ST-ZIP 3293 CARRIAGE DRIVE
PALM HARBOR FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *> SAME*
STREET ADDRESS *4115 Baden Dr.*
CITY-ST-ZIP *Holiday, FL 34691*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michele B. Howe (Michele B. Howe)* *4/6/04* *(813) 925-0228*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #