

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90087 039 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

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

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, 2005 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 VD ☐ Delete
NAME BLANCHARD, ELMER R.
STREET ADDRESS 209 N BAY HILLS BLVD
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE ST ☐ Delete
NAME BLANCHARD HOWE, MICHELE
STREET ADDRESS 4115 BADEN DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VP ☒ Delete
NAME BLANCHARD, JAKE C
STREET ADDRESS 3293 CARRIAGE DRIVE
CITY-ST-ZIP 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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VP ☐ Change ☒ Addition
NAME Joseph L. LYNN II
STREET ADDRESS 7023 TRYSAIL CIRCLE
CITY-ST-ZIP TAMPA, FL 33607

TITLE ST ☐ Change ☒ Addition
NAME DEANNA M. BLANCHARD
STREET ADDRESS 1011 STATE STREET EAST
CITY-ST-ZIP OLDSMAR, FL 34677

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) 2/25/05 (813) 925-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #