

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465087

Entity Name: BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.**Current Principal Place of Business:**4 S.E. BROADWAY STREET
OCALA, FL 34471**Current Mailing Address:**4 S.E. BROADWAY STREET
OCALA, FL 34471 US**FEI Number: 59-1554591****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLANCHARD, DOCK
4 S.E. BROADWAY STREET
OCALA, FL 34471 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BLANCHARD, DOCK
Address	4 S.E. BROADWAY STREET, POB 1869

City-State-Zip: OCALA FL

Title	TD
Name	KIRKLAND, R COLT
Address	4 S.E. BROADWAY STREET, POB 1869

City-State-Zip: OCALA FL

Title	SD
Name	GREEN, EDWIN AIII
Address	4 SE BROADWAY STREET, POB 1869

City-State-Zip: OCALA FL 34478

Title	VD
Name	MERRIAM, LAUREN E III
Address	4 S.E. BROADWAY STREET, POB 1869

City-State-Zip: OCALA FL

Title	D
Name	CORTES, JOSE HJR
Address	4 SE BROADWAY ST; POB 1869

City-State-Zip: OCALA FL 34478

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN A GREEN III**SECRETARY****02/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date