

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000012288

**Entity Name:** 7500 BLIND PASS CORP.

**Current Principal Place of Business:**

7500 BLIND PASS RD  
ST PETE BEACH, FL 33706

**Current Mailing Address:**

BOX 188  
CANNON FALLS, MN 55009 US

**FEI Number:** 59-3650231

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIERRA, MICHAEL ESQ.  
703 W. SWANN AVE.  
TAMPA, FL 33606 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:** MICHAEL SIERRA, ESQ.

04/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DPS  
Name           JACOBSON, RICHARD  
Address        42 SUNRISE VILLA  
City-State-Zip: CANNON FALLS MN 55009

*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:** RICHARD JACOBSON

PRES.

04/13/2014

Electronic Signature of Signing Officer/Director Detail

Date