

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004735

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: BLANSETT PHARMACAL CO., INC.

**Current Principal Place of Business:**

14 PARKSTONE CIRCLE  
NORTH LITTLE ROCK, AR 72116

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 638  
NORTH LITTLE ROCK, AR 72115

**New Mailing Address:**

FEI Number: 71-0564067      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: BLANSETT, LARRY  
Address: 14 PARKSTONE PLACE  
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: SD ( ) Delete  
Name: THURMAN, JOHN  
Address: 124 WEST CAPITOL STE 1650  
City-St-Zip: LITTLE ROCK, AR 72201

Title: D ( ) Delete  
Name: PARK, JOE JR.  
Address: 173 CASTLE HEIGHTS  
City-St-Zip: CABOT, AR 72023

Title: D ( ) Delete  
Name: FORD, MIKE  
Address: 513 DR. GORMAN DRIVE  
City-St-Zip: BELLE CHASSE, LA 70037

Title: D ( ) Delete  
Name: GREEN, JERRY  
Address: 7905 TOLTEC DRIVE  
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: D ( ) Delete  
Name: THOMAS, FRANK  
Address: 14601 BLACK BEAR DRIVE  
City-St-Zip: LITTLE ROCK, AR 72223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY BLANSETT

CP

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date