2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 623471

Entity Name: BLACKWELL & ASSOCIATES LAND SURVEYORS, INC.

Current Principal Place of Business:

995 W. VOLUSIA AVE.
DELAND, FL 327206686 US

New Principal Place of Business:

Current Mailing Address:

995 W. VOLUSIA AVE.
DELAND, FL 327206686 US

New Mailing Address:

FEI Number: 59-1892363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERS, ROBERT R PST
2943 N SHELL RD
DELAND, FL 327206686 US

Name and Address of New Registered Agent:

EVERS, ROBERT R VP
501 FOREST TRACE DR
DELAND, FL 32720 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: ROBERT R EVERS 04/03/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: EVERS, ROBERT R PST
Address: 2943 N SHELL ROAD
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete
Name: MCLEOD, JEREMIAH D VP
Address: 637 ASTORIA DR
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete
Name: BLACKWELL, RALPH E VP
Address: 2996 N SHELL RD
City-St-Zip: DELAND, FL 32720

Title: AT ( ) Delete
Name: BLACKWELL, CONSTANCE F AT
Address: 2996 N SHELL RD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BLACKWELL, CONSTANCE F PRES
Address: 2996 N SHELL ROAD
City-St-Zip: DELAND, FL 32720

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

Title: VP (X) Change ( ) Addition
Name: EVERS, ROBERT E VP
Address: 501 FOREST TRACE DR
City-St-Zip: DELAND, FL 32720

Title: ST (X) Change ( ) Addition
Name: BLACKWELL, CONSTANCE F ST
Address: 2996 N SHELL RD
City-St-Zip: DELAND, FL 32720

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: JEREMIAH D MCLEOD VP 04/03/2009
Electronic Signature of Signing Officer or Director Date