


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 646387
 1. Entity Name
BLALOCK, WALTERS, HELD & JOHNSON, P.A.



Principal Place of Business Mailing Address
802-11TH STREET WEST **802-11TH STREET WEST**
BRADENTON, FL 34205 **BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1950976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLALOCK, ROBERT G
802-11TH STREET WEST
BRADENTON, FL 33505

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000429226 02/21/06-80081-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLALOCK, ROBERT G 6705 ARBOR OAKS DRIVE BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTERS, CLIFFORD L. 511 51ST STREET NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 5 FLEECE, JONATHAN D 1209 61ST STREET NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HELD, BARBARA ANN 1407 WATER OAK WAY S. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS JOHNSON, CHARLES F. VD 735 HILLCREST DRIVE BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Clifford L. Walters* **Clifford L. Walters** **2/10/06** **941-748-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #