# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2004**
**Secretary of State**

DOCUMENT# P01000087378

**Entity Name:** BLACKTHORN VENTURES, INC.

**Current Principal Place of Business:**

4000 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

548 CUTTER LANE
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number: 65-1144510** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RANS, E. ZACHARY
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 US

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

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 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: JOHN PATTERSON 03/08/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: LYNCH, ETHNA
Address: 4000 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DPST ( ) Delete
Name: LYNCH, CHRISTINE
Address: 4000 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: D (X) Change ( ) Addition
Name: LYNCH, ETHNA
Address: 548 CUTTER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DPST (X) Change ( ) Addition
Name: LYNCH, CHRISTINE
Address: 548 CUTTER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE LYNCH P 03/08/2004
Electronic Signature of Signing Officer or Director Date