


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000128109**  
 1. Entity Name  
**BLACKBURN & SECKINGER CAPITAL, INC.**



Principal Place of Business      Mailing Address  
**1520 SAWGRASS VILLAGE DR #232**      **1520 SAWGRASS VILLAGE DR #232**  
**PONTE VEDRA BEACH, FL 32082**      **PONTE VEDRA BEACH, FL 32082**



04272004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**33-1032675**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BLACKBURN, KELLY R**  
**1520 SAWGRASS VILLAGE DR #232**  
**PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SECKINGER, JODY A
STREET ADDRESS	12846 JEBB ISLAND CIRCLE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	S
NAME	SECKINGER, AMANDA R
STREET ADDRESS	12846 JEBB ISLAND CIRCLE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	T
NAME	BLACKBURN, KELLY R
STREET ADDRESS	1520 SAWGRASS VILLAGE DR #232
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/29/04-80075-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kelly Blackburn*      **Kelly Blackburn**      4.26.04      904 6241537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #