


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90103 036 ***150.00

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

Principal Place of Business 1520 SAWGRASS VILLAGE DR #232 PONTE VEDRA BEACH, FL 32082	Mailing Address 1520 SAWGRASS VILLAGE DR #232 PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1032675	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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #