


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000024438**  
 1. Entity Name  
**BLACKBURN ROOFING & SHEET METAL, INC.**



Principal Place of Business: **18989 BLACKBURN ROAD NAPLES, FL 34117**  
 Mailing Address: **18989 BLACKBURN ROAD NAPLES FL 34117**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

4. FEI Number: **42-1576707**  
 Applied For:  Not Applicable

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

6. Name and Address of Current Registered Agent  
**BLACKBURN, JOHN**  
**18989 BLACKBURN ROAD**  
**NAPLES FL 34117**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: *John Blackburn* PRES. DATE: **4-10-06**  
Signature must be 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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete	TITLE: _____
NAME: BLACKBURN, JOHN	NAME: _____
STREET ADDRESS: 18989 BLACKBURN ROAD	STREET ADDRESS: _____
CITY-ST-ZIP: NAPLES FL 34117	CITY-ST-ZIP: _____
TITLE: _____	TITLE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: _____	TITLE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: _____	TITLE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: _____	TITLE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: _____	TITLE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Blackburn* PRES. DATE: **4-10-06** **239-348-8088**