


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90043 043 ***150.00


DOCUMENT # P03000154977

1. Entity Name
BLACKBURN SERVICES, INC.



Principal Place of Business 5843 MARVIN'S PL GROVELAND, FL 34736 <i>Groveland</i>	Mailing Address 5843 MARVIN'S PL GROVELAND, FL 34736 <i>Groveland</i>
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1983213	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, JEANETTE J
5843 MARVIN'S PL
GROVELAND, FL 34736
Groveland

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	P BLACKBURN, JAMES W 5843 MARVINS PL GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BLACKBURN, JEANETTE J 5843 MARVINS PL GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Jeanette J Blackburn* **3/17/07** **3524294823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jeanette J Blackburn