


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

4/ **FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90297 013 \*\*\*150.00

**DOCUMENT # P04000140619**

1. Entity Name  
**BLACKFOOT PROPERTIES INC.**



Principal Place of Business      Mailing Address  
**58 COMMERCIAL WAY**      **58 COMMERCIAL WAY**  
**SPRING HILL, FL 34606 US**      **SPRING HILL, FL 34606 US**

**66019788**



2. Principal Place of Business      3. Mailing Address  
**2288 Commercial Way**      **2288 Commercial Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04182005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Spring Hill FL**      **Spring Hill FL**  
 Zip      Country      Zip      Country  
**34606**      **US**      **34606**      **US**

4. FEI Number      Applied For  
**20-1721715**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**WASIELEWSKI, ROBERT**  
**58 COMMERCIAL WAY**  
**SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent  
 Name  
**Robert Wasielewski**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2288 Commercial Way**  
 City      State      Zip Code  
**Spring Hill**      **FL**      **34606**

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**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees  
**After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS WASIELEWSKI, ROBERT STREET ADDRESS PO BOX 5037 CITY - ST - ZIP SPRING HILL, FL 34611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE	V WASIELEWSKI, CHAD STREET ADDRESS PO BOX 511481 CITY - ST - ZIP NEW BERLIN, WI 53151	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V WASIELEWSKI, RYAN STREET ADDRESS PO BOX 511481 CITY - ST - ZIP NEW BERLIN, WI 53151	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V TEVEZ, JOSEPH STREET ADDRESS 58 COMMERCIAL WAY CITY - ST - ZIP SPRING HILL, FL 34606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Wasielewski      4/15/05      352 428 4224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #