2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033058

City-St-Zip:

JACKSONVILLE, FL 32202

Entity Name: BLACKJACK BAIL BONDS INC.

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	NROE ST. ST IVILLE, FL 32				
Current Mailing Address:			New Mailing Address	::	
	NROE ST. ST IVILLE, FL 32				
FEI Number	: 02-0803007	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
411 E. MC	ARD, JASON NROE ST. ST IVILLE, FL 32				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BLANCHARD,	DE ST. STE 101D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLANCHARD,	DE ST. STE 101D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BLANCHARD,) Delete JASON DE ST. STE 101D	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JASON BLANCHARD PRES 04/29/2009