


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # 324826 1. Entity Name BLAYLOCK OIL CO.	
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Principal Place of Business 724 SO. FLAGLER AVE. P. O. BOX 310 HOMESTEAD, FL 33090-0310 US	Mailing Address 724 SO. FLAGLER AVE. P. O. BOX 310 HOMESTEAD, FL 33090-0310 US
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1208100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCUS, MICHAEL 317 N KROME AVE HOMESTEAD, FL 33030	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAYLOCK, L H 724 SO. FLAGLER AVE. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SANCHEZ, CRYSTAL B 19490 SW 232 STREET MIAMI, FL 331701
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04/01/05-80002-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/16/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #