

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90036 005 ***150.00

DOCUMENT # 400398

1. Entity Name
BLACKWELL INSURANCE, INC.



Principal Place of Business

**6326 ROWAN ROAD
P O BOX 2163
NEW PORT RICHEY, FL 34656-2163**

Mailing Address

**6326 ROWAN ROAD
P O BOX 2163
NEW PORT RICHEY, FL 34656-2163**

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1418660

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKWELL, RICHARD
6115 MAIN ST
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDM
BLACKWELL, RICHARD
6115 MAIN ST.
NEW PORT RICHEY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WATSON, FRANK
9706 LAKEVIEW DR.
NEW PORT RICHEY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MILLER, LINDA
6116 MAIN ST.
NEW PORT RICHEY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: Richard M Blackwell, Pres. **1/17/05** **727 849 7965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #