


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 045 ***150.00

DOCUMENT # 400398 1. Entity Name BLACKWELL INSURANCE, INC.	
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Principal Place of Business 6326 ROWAN ROAD P O BOX 2163 NEW PORT RICHEY, FL 34653	Mailing Address 6326 ROWAN ROAD P O BOX 2163 NEW PORT RICHEY, FL 34653
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2. Principal Place of Business - No P.O. Box # 6326 Rowan Road Suite, Apt. #, etc. New Port Richey, FL 34653	3. Mailing Address P.O. Box 2163 Suite, Apt. #, etc. New Port Richey, FL 34656
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City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34653	Country USA
Zip 34656-2163	Country USA

40000398



01102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1418660	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLACKWELL, RICHARD 6115 MAIN ST NEW PORT RICHEY, FL 34653	
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7. Name and Address of New Registered Agent Name Miller, Linda Jane Street Address (P.O. Box Number is Not Acceptable) 6116 Main St. City New Port Richey FL Zip Code 34653	
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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 <u>Linda Jane Miller</u> <u>Linda Jane Miller</u> <u>President</u> <u>1-10-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <small>DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BLACKWELL, RICHARD 6115 MAIN ST NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34653 (zip)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, HELEN 9706 LAKEVIEW DR. NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP not VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34654 (zip)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, LINDA 6116 MAIN ST. NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34653 (zip)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Linda Jane Miller</u> <u>Linda Jane Miller</u> <u>President</u> <u>10-10-2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>	

727-849-7965