## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00361

JACKSONVILLE, FL

City-St-Zip:

Entity Name: BLAIR WOOLVERTON, INC.

FILED Jan 26, 2006 Secretary of State

-		,			
Current Principal Place of Business:			New Principal Place of Business:		
C/O BLAIR	IOHNS AVENU R WOOLVERT( IVILLE, FL 322	NC			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
C/O BLAIR	IOHNS AVENU R WOOLVERT( IVILLE, FL 322	ON			
FEI Number:	: 59-2028904	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
3624 ST. J JACKSON	RTON, BLAIR JOHNS AVENU VILLE, FL 322	05 US	nurnose of changing its registere	d office or registered agent, or both,	
	e of Florida.		purpose of offeringing the registere	a office of registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () WOOLVERTON 3624 ST. JOHN JACKSONVILLE	S AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V () WOOLVERTON 4332 LONGFEL		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BLAIR J WOOLVERTON P 01/26/2006