


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H44687 1. Entity Name BLACKWELL, INC.	
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Principal Place of Business C/O C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Mailing Address C/O C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1609541	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	UN00000119861 04/19/04-80113-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HANLON, B. H. 20 DORNAFIELD DRIVE EAST, IPPLEPEN, NEWTON ABBOT DEVON TQ125YN, EN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLACKWELL, STELLA R 245 SUGARBERRY CIR HOUSTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO BLACKWELL, WILLIAM A. SR 245 SUGARBERRY CIR HOUSTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTHAM, R.W. III 1700 W LOOP S., STE 1235 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: <u>William A. Blackwell</u> WILLIAM A. BLACKWELL	Date <u>04/12/04</u>	Daytime Phone # <u>713-266-0864</u>
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