


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007024</b> 1. Entity Name <b>BLANTON-GOODEN DEVELOPMENT, LLC</b>	
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Principal Place of Business  
**8900 HIGHWAY 98 WEST  
PENSACOLA, FL 32506**

Mailing Address  
**8900 HIGHWAY 98 WEST  
PENSACOLA, FL 32506**



01202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3652623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAMPBELL, JAMES S  
3 WEST GARDEN STREET, SUITE 600  
BLOUNT BUILDING  
PENSACOLA, FL 32501**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	M
NAME	BLANTON, MICHAEL
STREET ADDRESS	8900 HIGHWAY 98 WEST
CITY - ST - ZIP	PENSACOLA, FL 325065960

TITLE	M
NAME	GOODEN, DARELL
STREET ADDRESS	8900 HIGHWAY 98 WEST
CITY - ST - ZIP	PENSACOLA, FL 325065960

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000051021  
02/16/04-80035-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Michael Blanton*  
**Michael Blanton**

*2/9/04*  
**2/9/04**

*850-456-6631*  
**850-456-6631**

Date

Daytime Phone #