

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000014891

FILED
Dec 04, 2004
Secretary of State

Entity Name: BLACKSTONE LAND DEVELOPMENT, INC.

Current Principal Place of Business:

1180 SOUTH US-1
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1180 SOUTH US-1
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 72-1526105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, TIMOTHY S
1180 SOUTH US-1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

POLLARD, DAMON A
1180 SOUTH US-1
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: DAMON A. POLLARD

12/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: LANGSTON, TIMOTHY S
Address: 1180 SOUTH US-1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: POLLARD, DAMON A
Address: 1180 ROCKLEDGE BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS (X) Delete
Name: GILL, GEOFFREY
Address: 1180 ROCKLEDGE BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: HICKEY, MICHAEL
Address: 635 BREVARD AVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAMON A. POLLARD

D

12/04/2004

Electronic Signature of Signing Officer or Director

Date