

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90002 047 ***158.75

DOCUMENT # P01000068692					
1. Entity Name BLACKMORE ENTERPRISES, INC.					
Principal Place of Business 1215 E CLIFTON ST TAMPA, FL 33604			Mailing Address 1215 E CLIFTON ST TAMPA, FL 33604		
2. Principal Place of Business 3020 W. Kennedy			3. Mailing Address P.O. Box 10483		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number: 59-3733578	
Zip 33609		Country HILLS.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, DIANA L 1215 E CLIFTON ST TAMPA, FL 33604			7. Name and Address of New Registered Agent Name: DAVID CAPOTE Street Address (P.O. Box Number is Not Acceptable): 2707 W. North A St. City: TAMPA FL Zip Code: 33609		
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: DATE: 2-16-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BLACKBURN, DIANA L STREET ADDRESS 1215 E CLIFTON ST CITY-ST-ZIP TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete		TITLE D NAME CAPOTE, FRANK STREET ADDRESS 4608 TEMYSON AVE. CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BARMORE, KAREN A STREET ADDRESS 1215 E CLIFTON ST CITY-ST-ZIP TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete		TITLE D NAME CAPOTE, DAVID STREET ADDRESS 2707 W. NORTH A ST. CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" 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	
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:			2-16-06 83-784-4998		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		