


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90157 030 ***150.00

DOCUMENT # P01000097822 1. Entity Name BLACKBURN DEVELOPMENT, INC.					
Principal Place of Business POST OFFICE BOX 302 FLAGLER BEACH, FL 32136			Mailing Address POST OFFICE BOX 302 FLAGLER BEACH, FL 32136		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3760013				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				14002921	
6. Name and Address of Current Registered Agent BLACKBURN, ANGELE I 401 CONNECTICUT AVENUE FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 424 BRYAN Ave, City Flagler Beach FL Zip Code 32136		
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: <u>Angele I Blackburn</u> DATE: <u>4/26/05</u> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKBURN, ALDE M		NAME	424 BRYAN Ave,	
STREET ADDRESS	401 CONNECTICUT AVE.		STREET ADDRESS	Flagler Beach, FL 32136	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP	FL 32136	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	401 CONNECTICUT AVE.		STREET ADDRESS	Flagler Beach, FL 32136	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP	FL 32136	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, without other like empowered.					
SIGNATURE: <u>Angele I Blackburn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/26/05</u> (386) 439-2511		