


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 050 ***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 1799 No. US1		3. Mailing Address 1799 No. US1																																																																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																					
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 59-3760013																																																																																																																			
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent BLACKBURN, ANGELE I 424 BRYAN AVE FLAGLER BEACH, FL 32136		7. Name and Address of New Registered Agent Name Angele I. Blackburn Street Address (P.O. Box Number is Not Acceptable) 717 Pineland Trail City Ormond Beach FL Zip Code 32174																																																																																																																					
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><i>Angele I. Blackburn</i></u> 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (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																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BLACKBURN, ALDE M</td> <td></td> <td>STREET ADDRESS</td> <td>717 Pineland Trail</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>424 BRYAN AVE FLAGLER BEACH, FL 32136</td> <td></td> <td>CITY - ST - ZIP</td> <td>Ormond Beach, FL 32174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>BLACKBURN, ANGELE I</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>717 Pineland Trail</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>424 BRYAN AVE</td> <td></td> <td>STREET ADDRESS</td> <td>Ormond Beach, FL 32174</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FLAGLER BEACH, FL 32136</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	BLACKBURN, ALDE M		STREET ADDRESS	717 Pineland Trail		CITY - ST - ZIP	424 BRYAN AVE FLAGLER BEACH, FL 32136		CITY - ST - ZIP	Ormond Beach, FL 32174		TITLE	BLACKBURN, ANGELE I	<input type="checkbox"/> Delete	TITLE	717 Pineland Trail	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	424 BRYAN AVE		STREET ADDRESS	Ormond Beach, FL 32174		CITY - ST - ZIP	FLAGLER BEACH, FL 32136		CITY - ST - ZIP			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			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			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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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: <u><i>Alde M. Blackburn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/27/06 (386) 439-2511 <small>Date Daytime Phone #</small>																																																																																																																			
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