


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 009 ***150.00

DOCUMENT # P01000097822 1. Entity Name BLACKBURN DEVELOPMENT, INC.						
Principal Place of Business 1845 N US HWY 1 ORMOND BEACH, FL 32174			Mailing Address PO BOX 731585 ORMOND BEACH, FL 32173			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04282008 Chg-P CR2E034 (12/06)		
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		
6. Name and Address of Current Registered Agent BLACKBURN, ANGELE I 717 PINELAND TRAIL ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Angele I. Blackburn Street Address (P.O. Box Number is Not Acceptable) 1651 Clark Bay Road City Deland State FL Zip Code 32724			
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 <i>Angele I. Blackburn</i> Angele I. Blackburn 4/28/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY- ST- ZIP	P BLACKBURN, ALDE M 717 PINELAND TRAIL ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BLACKBURN, ALDE M. 1651 Clark Bay Road Deland, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BLACKBURN, ANGELE I 717 PINELAND TRAIL ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BLACKBURN, Angele I 1651 Clark Bay Road Deland, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Al Blackburn</i> AL BLACKBURN, Pres			4/28/08 (386) 676-4447 <small>Date Daytime Phone #</small>			