

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100827

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE BLAYLOCK CORPORATION

Current Principal Place of Business:

1711-A DOBBS RD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

41 LOVETT STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 2172
SAINT AUGUSTINE, FL 320852172

New Mailing Address:

FEI Number: 59-3752523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAYLOCK, GREGORY V SR
41 LOVETT STREET
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAYLOCK, GREGORY V SR
Address: P O BOX 2172
City-St-Zip: SAINT AUGUSTINE, FL 32085 US

Title: V () Delete
Name: BLAYLOCK, MICHAEL J
Address: 9548 CARBONDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: 2VPD () Delete
Name: BLAYLOCK, KRISTERFER W
Address: 41 LOVETT STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: MESSENGER, BOBBY
Address: 41 LOVETT ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: CRADDOCK, TERRY L
Address: 41 LOVETT ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: MCDANIEL, THOMAS A
Address: 41 LOVETT STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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:

Title: D (X) Change () Addition
Name: BLAYLOCK, GREGORY V JR
Address: 41 LOVETT ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREGORY V. BLAYLOCK, SR.

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date