


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90473 005 ***150.00

DOCUMENT # P01000111168	
1. Entity Name THE BLACKWELL FAMILY CORPORATION	

Principal Place of Business 101 EAST MARION AVENUE PUNTA GORDA, FL 33950	Mailing Address 7135 SCARLET SAGE CT PUNTA GORDA, FL 33955
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2. Principal Place of Business 1869 Manzana Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Punta Gorda, FL	City & State
Zip 33950	Country

00052746



03022006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1154674		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 BLACKWELL, STEVEN 7135 SCARLET SAGE CT PUNTA GORDA, FL 33955		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL Zip Code		

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	DP BLACKWELL, STEVEN 7135 SCARLET SAGE CT PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 941-639-0200
Date Daytime Phone #