



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 007 ***150.00

DOCUMENT # P02000034975 1. Entity Name BLACKLOCK ENTERPRISES, INC.					
Principal Place of Business 816 CALOOSA TRAIL CASSELBERRY, FL 32707			Mailing Address 816 CALOOSA TRAIL CASSELBERRY, FL 32707		
2. Principal Place of Business 237 Meadow Beauty Terr Suite, Apt. #, etc.		3. Mailing Address 237 Meadow Beauty Terr Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State Sanford, FLORIDA		4. FEI Number 75-3038323	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKLOCK, CHRIS N 816 CALOOSA TRAIL CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Blacklock, Chris Street Address (P.O. Box Number is Not Acceptable) 237 Meadow Beauty Terr. City Sanford FL Zip Code 32771	
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>Chris Blacklock</i></u> (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. <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 BLACKLOCK, CHRIS 816 CALOOSA TR. CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Blacklock, Chris 237 Meadow Beauty Terr. Sanford, FL 32771			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Chris Blacklock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/5/06</u> <u>321-229-6317</u> <small>Daytime Phone #</small>		