


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90115 003 \*\*\*150.00

<b>DOCUMENT # P02000065168</b>					
<b>1. Entity Name</b> <b>BLACKMON CONSULTING INC.</b>					
<b>Principal Place of Business</b> <b>827 KINGS AVE.</b> <b>BRANDON, FL 33511</b>			<b>Mailing Address</b> <b>827 KINGS AVE.</b> <b>BRANDON, FL 33511</b>		
<b>2. Principal Place of Business</b> <b>13106 WATERFORD RUN DR</b>		<b>3. Mailing Address</b> <b>13106 WATERFORD RUN DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>RIVERVIEW, FL</b>		<b>City &amp; State</b> <b>RIVERVIEW, FL</b>		<b>4. FEI Number</b> <b>30-0118720</b>	
<b>Zip</b> <b>33569</b>		<b>Country</b> <b>US</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BLACKMON, PATRICIA</b> <b>827 KINGS AVE</b> <b>BRANDON, FL 33511</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>BLACKMON, PATRICIA</b> <input type="checkbox"/> Delete <b>827 KINGS AVE.</b> <b>BRANDON, FL 33511</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13106 WATERFORD RUN DRIVE</b> <b>RIVERVIEW, FL 33569</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input type="checkbox"/> Delete <b>BLACKMON, EARNEST</b> <b>827 KINGS AVE.</b> <b>BRANDON, FL 33511</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13106 WATERFORD RUN DRIVE</b> <b>RIVERVIEW, FL 33569</b>	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Patricia B. Blackmon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>21-Mar-06</u> <u>256-245-5885</u> <small>Date Daytime Phone #</small>		