


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000084733		
1. Entity Name BLACKERT ENTERPRISES, INC.		
Principal Place of Business 4 EASTWINDS CIRCLE TEQUESTA, FL 33469-2032		Mailing Address 4 EASTWINDS CIRCLE TEQUESTA, FL 33469-2032
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLACKERT, JOHN VP 4 EASTWINDS CIRCLE TEQUESTA, FL 33469-2032		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		4. FEI Number 30-0000871
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKERT, CAROL 4 EASTWINDS CIRCLE TEQUESTA, FL 334692032	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACKERT, JOHN 4 EASTWINDS CIRCLE TEQUESTA, FL 334692032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>CAROL ANN BLACKERT Carol Ann Blackert</u> 3/27/06 541/575-4403 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0000871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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03/11/06-80020-008 150.00