

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000128109

1. Entity Name
BLACKBURN & SECKINGER CAPITAL, INC.



Principal Place of Business

**1520 SAWGRASS VILLAGE DR #232
PONTE VEDRA BEACH, FL 32082**

Mailing Address

**1520 SAWGRASS VILLAGE DR #232
PONTE VEDRA BEACH, FL 32082**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1032675

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, KELLY R
1520 SAWGRASS VILLAGE DR #232
PONTE VEDRA BEACH, FL 32082**

**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

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, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SECKINGER, JODY A
STREET ADDRESS 12846 JEBB ISLAND CIRCLE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S
NAME SECKINGER, AMANDA R
STREET ADDRESS 12846 JEBB ISLAND CIRCLE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE T
NAME BLACKBURN, KELLY R
STREET ADDRESS 1520 SAWGRASS VILLAGE DR #232
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
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04/29/04-80075-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kelly Blackburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.04

Date

904
6241537

Daytime Phone #