


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 017 ***150.00

DOCUMENT # P03000003300 1. Entity Name BLACKBURN HARBOR REAL ESTATE COMPANY		
Principal Place of Business 4201 JESSIE HARBOR DR. PO BOX 392 OSPREY FL 34229		Mailing Address 4201 JESSIE HARBOR DR. PO BOX 392 OSPREY FL 34229
2. Principal Place of Business <i>5100 Jessie Harbor Dr.</i> Suite, Apt. #, etc. <i>#301</i>	3. Mailing Address <i>P.O. Box 392</i> Suite, Apt. #, etc.	
City & State <i>Osprey, FL</i> Zip <i>34229</i>	City & State <i>Osprey, FL</i> Zip <i>34229</i>	Country <i>U.S.A.</i>
4. FEI Number 65-1167776		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 VAN DORSTEN, EDNA 4201 JESSIE HARBOR DR. OSPREY FL 34229
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<i>5100 Jessie Harbor Dr. #301</i>
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 <i>[Signature]</i> EDNA VAN DORSTEN DATE <i>4/7/05</i> <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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/7/05</i> Daytime Phone # <i>813-508-0192</i>