

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 036 ***150.00

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02122005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000030987 1. Entity Name RAY BLACKWOOD CONSTRUCTION, INC.					
Principal Place of Business 416 CALHOUN AVE. DESTIN, FL 32541			Mailing Address 416 CALHOUN AVE. DESTIN, FL 32541		
2. Principal Place of Business 599 Third Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 599 Third Ave <small>Suite, Apt. #, etc.</small>			
City & State Destin, FL <small>Zip</small> 32541 <small>Country</small> USA		City & State Destin, FL <small>Zip</small> 32541 <small>Country</small> USA		4. FEI Number 03-0512575	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BLACKWOOD, LINDA 416 CALHOUN AVE. DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Blackwood, Linda Street Address (P.O. Box Number is Not Acceptable) 599 Third Ave City Destin FL <small>Zip Code</small> 32541		
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>Linda S Blackwood</i></u> DATE <u>3-1-05</u> <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			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	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACKWOOD, HAROLD R JR	NAME	Blackwood, Harold R Jr		
STREET ADDRESS	416 CALHOUN AVE.	STREET ADDRESS	599 Third Ave		
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	Destin, FL 32541		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACKWOOD, LINDA	NAME	Blackwood, Linda		
STREET ADDRESS	416 CALHOUN AVE.	STREET ADDRESS	599 Third Ave		
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	Destin, FL 32541		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 <u><i>Linda S Blackwood</i></u> <small>SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-1-05</u> Daytime Phone # <u>850-219-3859</u>		