

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 03, 2006 8:00 am
Secretary of State

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000120955 1. Entity Name BLACKBURN CONSTRUCTION, INC.					
Principal Place of Business P O BOX 302 FLAGLER BCH, FL 32136			Mailing Address P O BOX 302 FLAGLER BCH, FL 32136		
2. Principal Place of Business <i>1299 No. U.S. 1</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>1299 No. U.S. 1</i> <small>Suite, Apt. #, etc.</small>			
City & State <i>Ormond Beach, FL</i>		City & State <i>Ormond Beach, FL</i>		4. FEI Number 77-0615462	
Zip <i>32174</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, ANGELE I 424 BRYAN AVE FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name <i>Angele I. Blackburn</i> Street Address (P.O. Box Number is Not Acceptable) <i>717 Pineland Trail</i> City <i>Ormond Beach FL</i> Zip Code <i>32174</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>Angele I. Blackburn</i> DATE <i>4/27/06</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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLACKBURN, ALDE M 717 PINELAND TRL ORMOND BCH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLACKBURN, ANGELE I 717 PINELAND TRL ORMOND BCH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLACKBURN, ROBERT P 5711 JOHN ANDERSON HWY FLAGLER BCH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Alde M. Blackburn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ALDE M. BLACKBURN			Date <i>4/27/06</i> (386) 439-2511 <small>Daytime Phone #</small>		