

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000130547

1. Entity Name
BLACKBURN HOME REPAIRS, INC.



Principal Place of Business
6215 CEDAR GLEN DRIVE
ZEPHYRHILLS, FL 33544-3645

Mailing Address
6215 CEDAR GLEN DRIVE
ZEPHYRHILLS, FL 33544-3645



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0577890 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKBURN, CATHERINE
6215 CEDAR GLEN DRIVE
ZEPHYRHILLS, FL 33544-3645

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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 _____ DATE _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLACKBURN, CATHERINE
STREET ADDRESS	6215 CEDAR GLEN DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 335443645
TITLE	VD
NAME	BLACKBURN, HARLEY
STREET ADDRESS	6215 CEDAR GLEN DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 335443645
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80041-020 150.00

**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)(f), 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: Catherine Blackburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

813-907-6244

Date

Daytime Phone #