

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142866

FILED  
Feb 08, 2007  
Secretary of State

**Entity Name:** BLACKBURN & SONS LAWN CARE & HAULING SERVICE, INC.

**Current Principal Place of Business:**

3200 POLLARD RD  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1696  
EAGLE LAKE, FL 33839

**New Mailing Address:**

**FEI Number:** 20-0467102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKBURN, LEON  
3200 POLLARD RD.  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLACKBURN, LEON  
Address: 3200 POLLARD RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: V ( ) Delete  
Name: BLACKBURN, TERESA  
Address: 3200 POLLARD RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Delete  
Name: BLACKBURN, LEON CRAIG II  
Address: 3200 POLLARD ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BLACKBURN, BRANDON  
Address: 3200 POLLARD RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LEON BLACKBURN

P

02/08/2007

Electronic Signature of Signing Officer or Director

Date