

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90171 007 ***150.00

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1. Entity Name
LINDSEY BLACKBURN CONSTRUCTION INC



Principal Place of Business

29344 TARALANE DR
PUNTA GORDA, FL 33982 US

Mailing Address

PO BOX 512450
PUNTA GORDA, FL 33951 US

DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0747029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKBURN, LINDSEY
7234 SW LARK DRIVE
ARCADIA, FL 33949

29344 TARALANE DR
PUNTA GORDA, FL
33982

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BLACKBURN, LINDSEY
STREET ADDRESS PO BOX 512450 29344 TARALANE DR
CITY-ST-ZIP PUNTA GORDA, FL 33951 PUNTA GORDA, FL

TITLE ST
NAME BLACKBURN, LINDA
STREET ADDRESS PO BOX 512450
CITY-ST-ZIP PUNTA GORDA, FL 33951 33982
SAME AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Linda C. Blackburn Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

Date

94-637-6587

Daytime Phone #