

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000068272

Entity Name: WALTER P. BLACKBURN, P.A.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2900 NE 14TH STREET CAUSEWAY  
#608  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2900 NE 14TH STREET CAUSEWAY  
#608  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 20-0995263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROY, DAVID R ESQ.  
DAVID R ROY, P.A.  
4209 N FEDERAL HWY  
POMPANO BEACH, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BLACKBURN, WALTER P  
Address: 2900 NE 14TH STREET CAUSEWAY #608  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VT  
Name: SMITH, LINDA F  
Address: 2900 NE 14TH STREET CAUSEWAY #608  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby 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 all other like empowered.

SIGNATURE: LINDA F SMITH

VT

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date