2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070135

1. Entity Name

BLACKHAWK & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

20231 STATE ROAD 31

NORTH FORT MYERS, FL 33917 US

20231 STATE ROAD 31 NORTH FORT MYERS, FL 33917 Mar 12, 2007 08:00 AM Secretary of State

FILED



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1059120

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, BARBARA A 20231 STATE ROAD 31 NORTH FORT MYERS, FL 33917

DO NOT WRITE 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									
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		, 0	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		***************************************					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S PUCKETT, LACY E 20231 S.R. 31 NORTH FORT MYERS, FL 33917		:						
TITLE	VP,T								
NAME	PUCKETT, BARBARA A								
STREET ADDRESS	20231 STATE ROAD 31					<u> </u>			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917					03/22/07-80036-011 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE			
TITLE NAME					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 cath; 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: _

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

BIGHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 239-3/1/07 543-6068