

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128527

1. Entity Name
BIG BEN BLACKWOOD PLUMBING INC



Principal Place of Business
5695 SHADY REST ROAD
HAVANA, FL 32333

Mailing Address
5695 SHADY REST ROAD
HAVANA, FL 32333

FILED
07 MAY 17 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1644234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKWOOD, RUSSEL B
5695 SHADY REST ROAD
HAVANA, FL 32333

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLACKWOOD, RUSSEL B
5695 SHADY REST ROAD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WILL, JAMES A
5695 SHADY REST ROAD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BLACKWOOD, JOSEPH D
5695 SHADY REST ROAD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700103197737
05/24/07--01026--026 **150.00

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K. Eckel MAY 17 2007

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:

Russel Benjamin Blackwood

Russel Benjamin Blackwood

Date

Daytime Phone #