


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000149817**  
 1. Entity Name  
**BLACKETOR CONSTRUCTION CO., INC.**



Principal Place of Business      Mailing Address  
**6156 SUNDEW COURT**      **6156 SUNDEW COURT**  
**JACKSONVILLE, FL 32244**      **JACKSONVILLE, FL 32244**

**DO NOT WRITE IN THIS SPACE**



05022007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>84-1697830</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLACKETOR, MATT**  
**6156 SUNDEW COURT**  
**JACKSONVILLE, FL 32244**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**      9. Election Campaign Financing      **\$5.00** May Be  
**Due by September 14, 2007**      Trust Fund Contribution            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BLACKETOR, MATT</b> <b>6156 SUNDEW COURT</b> <b>JACKSONVILLE, FL 32244</b>
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 05/25/07-80044-006 150.00

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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:**       **5/1/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #