


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90058 027 \*\*\*150.00

<b>DOCUMENT # P05000087302</b> 1. Entity Name <b>BLACKTHORN ENTERPRISES, INC.</b>					
Principal Place of Business <b>1020 HURON TRAIL TALLAHASSEE, FL 32317</b>			Mailing Address <b>1020 HURON TRAIL TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business - No P.O. Box # <b>1317 EASTIN AVE.</b>		3. Mailing Address <b>1317 EASTIN AVE.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>20-3027905</b>	
Zip <b>32804</b>		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LAUER, GEORGE S 1020 HURON TRAIL TALLAHASSEE, FL 32317</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAUER, GEORGE S 1020 HURON TRAIL TALLAHASSEE, FL 32317</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAUER, GEORGE S. 1317 EASTIN AVE. ORLANDO, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>A. A. Lauer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7-9-07</u> <small>Date</small>		<u>950-321-3504</u> <small>Daytime Phone #</small>

ATTACHMENT  
40124667

July 3, 2007

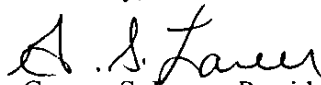
Department of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

RE: Blackthorn Enterprises, Inc.  
2007 Annual Report Doc. # P05000087302

Please accept the enclosed 2007 Annual Report along with the Corporate Fee of \$150.00 as timely filed. I am requesting the additional fees and penalties be waived due to the fact that the Corporation never received the initial Annual Report Notice.

Once your records have been adjusted, please send written notification to the address below. Thank you for your cooperation in this matter.

Cordially,

  
George S. Lauer, President  
Blackthorn Enterprises, Inc.  
FEIN 20-3027950  
1317 Eastin Avenue  
Orlando, FL 32804

GSL/dl

Enclosures  
cc: Paul A. Posey & Co., PA