


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000149335 1. Entity Name BLACKHOUSE, INC.					
Principal Place of Business 3626 YELLOW BIRD COURT SAINT CLOUD, FL 34772			Mailing Address 3626 YELLOW BIRD COURT SAINT CLOUD, FL 34772		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 7329 Cedar Creek Ct		Suite, Apt. #, etc. 7329 Cedar Creek Ct			
City & State Winter Park FL		City & State Winter Park, FL		4. FEI Number 20-3883618	
Zip 32792		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, MARA A 3626 YELLOW BIRD COURT SAINT CLOUD, FL 34772			7. Name and Address of New Registered Agent Name Mara Snyder Street Address (P.O. Box Number is Not Acceptable) 7329 Cedar Creek Court City Winter Park FL Zip Code 32792		
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: <u><i>Mara Snyder</i></u> 9-1-08 DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D SNYDER, MARA A 3626 YELLOW BIRD CT ST. CLOUD, FL 34772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Snyder, Mara A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7329 Cedar Creek Ct Winter Park, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, KIMBERLY K 3626 YELLOW BIRD CT ST. CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800136610068 10/03/08--01045--015 **\$50.00	
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.					
SIGNATURE: <u><i>Mara Snyder</i></u> 9-1-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

FILED

08 OCT -3 PM 2:48

CLERK OF STATE



09262008 Chg-P CR2E034 (12/06)