## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000004071

Entity Name: BLALOCK ROOFING INC

FILED Apr 06, 2007 Secretary of State

| Current Principal Place of Business: New Principal Place | of Business: |
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|--|--------------|

60 LEMON STREET 10737 NEW KINGS ROAD

ST AUGUSTINE, FL 32084 SUITE 106

JACKSONVILLE, FL 32219

**Current Mailing Address: New Mailing Address:** 

10737 NEW KINGS ROAD **60 LEMON STREET** ST AUGUSTINE, FL 32084

SUITE 106

JACKSONVILLE, FL 32219

FEI Number: 20-4115821 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, CHARLES E BLALOCK, BARBARA E 77 ALMERIA STREET 18359 JOHNSON ROAD ST AUGUSTINE, FL 32084 HILLIARD, FL 32046 US

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.

SIGNATURE: BARBARA E. BLALOCK 04/06/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

BLALOCK, CURTIS A BLALOCK, CURTIS A Name: Name: 60 LEMON STREET **60 LEMON STREET** Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: ST AUGUSTINE, FL 32084

( ) Delete Title: **DVPS** Title: (X) Change ( ) Addition BLALOCK, SR., RICHARD BRUCE BLALOCK, SR., RICHARD BRUCE Name: Name:

18359 JOHNSON ROAD 18359 JOHNSON ROAD Address: Address: HILLIARD, FL 32046 HILLIARD, FL 32046 City-St-Zip: City-St-Zip:

( ) Change (X) Addition Title: Title: () Delete **VPO** 

Name: BLALOCK, CHARLES R Name: 6942 HONEYCUTT LANE Address: Address: City-St-Zip: City-St-Zip: JACKSONVIILE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CURTIS A. BLALOCK 04/06/2007