2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050663

City-St-Zip:

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Title:

Name:

Address:

City-St-Zip:

FILED Apr 05, 2007 Secretary of State

Entity Name: BLACKHAWK TRANSPORT, INC. **Current Principal Place of Business: New Principal Place of Business:** 9032 LOST MILL DR. LAND O LALKES, FL 34638 **Current Mailing Address: New Mailing Address:** P.O. BOX 341768 9032 LOST MILL DR. TAMPA, FL 33694 LAND O LAKES, FL 34638 FEI Number: 56-2573593 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: 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 CHAPMAN, SHARON ANN CHAPMAN, SHARON ANN Name: Name: 12401 ORANGE GROVE DR - # 204 9032 LOST MILL DR. Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: LAND O LAKES, FL 34638 Title: Title: VΡ (X) Change () Addition () Delete CHAPMAN, MARK S Name: Name: CHAPMAN, MARK S 12401 ORANGE GROVE DR - # 204 9032 LOST MILL DR Address: Address: TAMPA, FL 33618 LAND O LAKES, FL 34638 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ () Change (X) Addition BISHOP, TERRY Name: Name: 2227 HAMA DR. Address Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOLIDAY, FL 34691

CHAPMAN, MARK S

9032 LOST MILL DR.

LAND O LAKES, FL 34638

() Change (X) Addition

SIGNATURE: MARK S. CHAPMAN VP 04/05/2007