


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90003 040 \*\*\*150.00

<b>DOCUMENT # P95000059387</b> 1. Entity Name <b>BLACKWELDER DISTRIBUTING, INC.</b>			
Principal Place of Business <b>62 RAVENWOOD COURT ORMOND BEACH, FL 32174</b>		Mailing Address <b>62 RAVENWOOD COURT ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business <b>37 Carriage Creek Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>37 Carriage Creek Way</b> Suite, Apt. #, etc.	
City & State <b>Ormond Beach, FL</b>		City & State <b>Ormond Beach, FL</b>	
Zip <b>32174</b>	Country <b>USA</b>	Zip <b>32174</b>	Country <b>USA</b>
4. FEI Number <b>59-3328653</b>		Applied For <input type="checkbox"/> 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>BLACKWELDER, JULIA 62 RAVENWOOD COURT ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name <b>Blackwelder, Julia</b> Street Address (P.O. Box Number is Not Acceptable) <b>37 Carriage Creek Way</b>  City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P BLACKWELDER, JULIA 62 RAVENWOOD COURT ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Blackwelder, Julia 37 Carriage Creek Way Ormond Beach, FL 32174</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P BLACKWELDER, FLOYD 62 RAVENWOOD COURT ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Blackwelder, Floyd 37 Carriage Creek Way Ormond Beach, FL 32174</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> <i>Julia K Blackwelder</i> <b>Julia K Blackwelder</b>		Date <b>3/20/06</b> Daytime Phone # <b>(386) 672-9582</b>	