

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2006 90003 040 ***150.00

DOCUMENT # P95000059387			
1. Entity Name BLACKWELDER DISTRIBUTING, INC.			
Principal Place of Business 62 RAVENWOOD COURT ORMOND BEACH, FL 32174		Mailing Address 62 RAVENWOOD COURT ORMOND BEACH, FL 32174	
2. Principal Place of Business 37 Carriage Creek Way Suite, Apt. #, etc.		3. Mailing Address 37 Carriage Creek Way Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
4. FEI Number 59-3328653		Applied For <input type="checkbox"/> Not Applicable	
Zip 32174		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKWELDER, JULIA 62 RAVENWOOD COURT ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Blackwelder, Julia Street Address (P.O. Box Number is Not Acceptable) 37 Carriage Creek Way City Ormond Beach FL Zip Code 32174	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P BLACKWELDER, JULIA 62 RAVENWOOD COURT ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blackwelder, Julia 37 Carriage Creek Way Ormond Beach, FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKWELDER, FLOYD 62 RAVENWOOD COURT ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blackwelder, Floyd 37 Carriage Creek Way Ormond Beach, FL 32174 <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
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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: <i>Julia K Blackwelder</i> Julia K Blackwelder X		Date: 3/20/06 Daytime Phone #: (386) 672-9582	