2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9700006380 1. Entity Name BLACKWELL OIL, INC.								Mar 14, 2005 08:00 AN Secretary of State				
							f					
Principal Place of Business Mailing Address						-l						
2301 SW 58TH AVE 2301 SW 58TH AVE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023												
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc				Suite, Apt. #, etc.				st MOORE	CR2E034 (10	√04)		
City & State			City	& State		4. FEI Num	4. FEI Number 65-0719500 Applied For Not Applicable					
Zip	Zip Country		Zip	Zip		5. Certi		te of Status Desired		75 Add Require	ditional	
6. Name and Address of Current Registered Agent						Name	7. Name an	d Address of New R	egistered Agen	t		
PAN	MPOUKAS 11 SW 58				Street Address (P.O. Box Number is Not Acceptable)							
HOLLYWOOD FL 33023								<u> </u>	·			
						City			FL ²	Zip Code	е	
8. The above the obliga SIGNATURE	itions of regist	y submits this statement for ered agent. or printed name of registered agent				ed office or registe d Agent signature require		oth, in the State of Flor		ar with,	and accept	
F	ILE NOW!!	! FEE IS \$150.00	-			· · · · · · · · · · · · · · · · · · ·						
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campai Trust Fund Cont			00 May Be ed to Fees	
10.	Р	OFFICERS AND	DIŖEĊTOI		11.		ADDITIONS	CHANGES TO OFFI				
NAME	PAMPOUK 2301 SW 5	AS, THEODORE 8 AV OD FL 33023		☐ Delete		ļ				Change	Addition	
TITLE	P PAMPOUK	AS, THEODORE		☐ Delete	Tri LE NAM		<u> </u>	25000001		Change	Addition	
STREET ADDRESS CITY+ST-ZIP	2301 SW 58 AV HOLLYWOOD FL 33023		<u> </u>			FT ADDRESS -ST-ZIP		000000261547 03/14/05-80015-018 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ D∋lete	ı	I				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\triangle		☐ Delete		1				Change	☐ Addition	
12. I hereby of indicated of the corrections of the corrections.	pertify that the on this report poration or the or on an attac	information supplied with t or supplied ental report is e redeliver or trustee empo chment with an address, v	this filing of true and a wered to e with all othe	does not qualify for accurate and that m execute this report a or like empowered	the exer ly signat as requir	mption stated in Se ure shall have the ed by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. I i ct as if made under oa es, and that my name	further certify that ath, that I am an appears in Bloc	at the int officer o k 10 or	formation or director Block 11 if	

Ineodoretampouras

ANOTIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED