


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

|   |   |                    |  |  |  |
|---|---|--------------------|--|--|--|
| <b>DOCUMENT # P97000009540</b><br>1. Entity Name<br><b>JAMES BLACKMER, G.C., INC.</b>   |   |                    |  |   |  |
| Principal Place of Business<br><b>212 E. SOUTHGATE BLVD.<br/>MELBOURNE FL 32901</b>   |   |                    | Mailing Address<br><b>212 E. SOUTHGATE BLVD.<br/>MELBOURNE FL 32901</b>  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address |  |  |  |
| Suite, Apt #, etc.  |   | Suite, Apt #, etc. |  |  |  |
| City & State  |   | City & State       |  |  |  |
| Zip   | Country   | Zip                | Country  | 4. FEI Number <b>59-3447846</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                    |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |   |                    | 7. Name and Address of New Registered Agent  |  |  |
| <b>BLACKMER, JAMES T<br/>212 E. SOUTHGATE BLVD.<br/>MELBOURNE FL 32901</b>  |   |                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 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 _____   |   |                    |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                    |  | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |   |                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>BLACKMER, JAMES T</b><br><b>212 E. SOUTHGATE BLVD.</b><br><b>MELBOURNE FL 32901</b> <input type="checkbox"/> Delete  |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: right;"> <b>1000000220953</b><br/> <b>02/09/05-80010-021</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>BLACKMER, BRENDA G</b><br><b>212 E. SOUTHGATE BLVD.</b><br><b>MELBOURNE FL 32901</b> <input type="checkbox"/> Delete |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>BLACKMER, JAMES II</b><br><b>212 SOUTHGATE BLVD</b><br><b>MELBOURNE FL 32901</b> <input type="checkbox"/> Delete     |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:** *Brenda Blackmer* **Brenda Blackmer**

*1-20-05*

*321 9160 0110*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #