


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90011 047 ***150.00

DOCUMENT # P98000049873 1. Entity Name BLACKACRE & MORE, INC.	
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Principal Place of Business 11016 N. DALE MABRY HWY. STE 202 TAMPA, FL 33618	Mailing Address 11016 N. DALE MABRY HWY. STE 202 TAMPA, FL 33618
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66419764



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3529469	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BULLUCK, ROBERT A 11016 N. DALE MABRY HWY. TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 _____

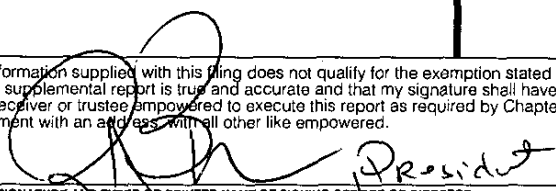
**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS RUTHERFORD, THOMAS S 11016 N DALE MABRY HWY #202 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BULLUCK, ROBERT A 11016 N. DALE MABRY HWY. TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

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 addressee with all other like empowered.

SIGNATURE:  **President** 5/3/04 Date _____ Daytime Phone #