

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90213 031 \*\*\*150.00

**DOCUMENT # S18215**

1. Entity Name

**BLACKHAWK COLOR CORPORATION**



Principal Place of Business

**14540 58TH ST N  
CLEARWATER FL 33760  
US**

Mailing Address

**14540 58TH ST N  
CLEARWATER FL 33760  
US**

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

**36-3768941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERSON, STUART  
4200 BAYSHORE BLVD, N.E.  
ST. PETERSBURG FL 33704**

Name **SANDERSON, STUART**

Street Address (P.O. Box Number is Not Acceptable)

**1197 45TH AVE N.E.**

City **ST. PETERSBURG**

**FL**

Zip Code **33703**

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

**STUART SANDERSON**

**4/21/06**

Signature of person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **COREY, LEANN S**  
CITY-ST-ZIP **4526 W ROSEMERE ROAD  
TAMPA FL 33609**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SANDERSON, STUART**  
CITY-ST-ZIP **4200 BAYSHORE BLVD N.E.  
ST PETERSBURG FL 33703**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ELLERBY, HAROLD**  
CITY-ST-ZIP **335 VENTURA DRIVE  
OLDSMAR FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **SANDERSON, STUART**  
CITY-ST-ZIP **1197 45TH AVE N.E.  
ST. PETERSBURG, FL 33703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** **STUART SANDERSON** **4/21/06** **(727) 535-4641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #