


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # S58665</b> 1. Entity Name <b>KEN BLACKBURN, INC.</b>	
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Principal Place of Business <b>1913 S DIXIE HWY WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>1913 S DIXIE HWY WEST PALM BEACH, FL 33401 US</b>
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0276480</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BLACKBURN, KENNETH  
14575 DRAFTHORSE LN.  
WEST PALM BEACH, FL 33414**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLACKBURN, KENNETH PRES 14575 DRAFTHORSE LN WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLEASON, ALVIN V VP 14575 DRAFT HORSE LN WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALSINA, MICHAEL J T 14575 DRAFT HORSE LN. WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

561-832-5753

Daytime Phone #