


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 007 ***150.00

DOCUMENT # V09656
 1. Entity Name
BLAKE INVESTMENT CORP.



Principal Place of Business
 731 N. JACKSON STREET, STE.400
 MILWAUKEE, WI 53202

Mailing Address
 731 N. JACKSON STREET
 STE. 400
 MILWAUKEE, WI 53202

50057138



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0315125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLAKE, WILLIAM J.
 452 HIGH STREET
 BOCA RATON, FL 33432

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 \$150.00
Due by September 7, 2005

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 O	BLAKE, WILLIAM J. <i>deceased</i>
NAME	7860 N. RIVER ROAD
STREET ADDRESS	RIVER HILLS, WI 53217
CITY-ST-ZIP	
TITLE DS	BLAKE, PATRICIA R.
NAME	7860 N. RIVERS ROAD
STREET ADDRESS	RIVER HILLS, WI 53217
CITY-ST-ZIP	
TITLE D	BLAKE, W. SCOTT
NAME	7860 NORTH CLUB CIRCLE
STREET ADDRESS	FOX POINT, WI 53217
CITY-ST-ZIP	
TITLE D	GRANT, PAMELA B.
NAME	6209 N BERKLEY BLVD
STREET ADDRESS	MILWAUKEE, WI 53211
CITY-ST-ZIP	
TITLE D	BLAKE, TIMOTHY
NAME	452 HIGH STREET
STREET ADDRESS	BOCA RATON, FL 33432
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE: *W. J. Blake* **7/13/05** **414-272-2200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #