

2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-18-2005 90047 035 ***150.00

DOCUMENT # V69927

1. Entity Name
BLACKBURN ENTERPRISES OF OCALA, INC.



Principal Place of Business

3501 NE 10TH ST.
SUITE 106
OCALA, FL 34470

Mailing Address

3501 NE 10TH ST.
SUITE 106
OCALA, FL 34470

2. Principal Place of Business

317 N.E. 36th AVE
Suite, Apt. #, etc.
Suite # 5

3. Mailing Address

P.O. BOX 831507
Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34470

Country

USA

Zip

34483-1507

Country

USA

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3147255

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, JERRY
3501 NE 10TH STREET
SUITE 106
OCALA, FL 34470

JERRY BLACKBURN
P.O. BOX 831507
OCALA, FL 34483-1507

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **BLACKBURN, JERRY**
STREET ADDRESS **513 BAHIA DRIVE**
CITY-ST-ZIP **OCALA, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Jerry Blackburn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(352) 471-7650

Registered Agent
→ JERRY BLACKBURN
317 N.E. 36th AVE
SUITE # 5
OCALA, FL 34470