

1.) CORPORATION NAME: BLACKADAR INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: FL	DUE DATE: 11/30/2013 SCC ID NO: F1880659 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1436 N. RONALD REAGAN BLVD. CITY/ST/ZIP: LONGWOOD, FL 32750
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GLADYS L. PARTRIDGE TITLE: PRESIDENT ADDRESS: 1436 N. RONALD REAGAN BLVD. CITY/ST/ZIP/CO: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MYRA T. KELLY TITLE: SEC/TREAS ADDRESS: 1436 N. RONALD REAGAN BLVD. CITY/ST/ZIP/CO: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DONALD B. BLACKADAR, JR. TITLE: CEO ADDRESS: 1436 N. RONALD REAGAN BLVD. CITY/ST/ZIP/CO: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MYRA T. KELLY	MYRA T. KELLY, SEC/TREAS	10/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.