


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005462**  
 1. Entity Name  
**BLAKE QUALITY CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
**854 CYRSTAL MEADOW DRIVE**      **854 CYRSTAL MEADOW DRIVE**  
**WINDER, GA 30680**      **WINDER, GA 30680**



02212006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3293164</b>	Applied For 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  
**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE, SUITE 4**  
**WESTON, FL 33331**

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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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000483041  
 04/11/06-80100-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLAKE, JOHN</b> <b>854 CYRSTAL MEADOW DRIVE</b> <b>WINDER, GA 30680</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BLAKE, JEREMY</b> <b>911 BEAVER LANE</b> <b>LILBURN, GA 30047</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BLAKE, KELLY</b> <b>854 CYRSTAL MEADOW DRIVE</b> <b>WINDER, GA 30680</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Kelly Blake      3271000    078-425-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #