


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 014 ****80.00

DOCUMENT # N93000000616 1. Entity Name BLACK BUSINESS CAPITAL FINANCING CORPORATION	
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Principal Place of Business 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801	Mailing Address 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801
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40009487



DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3179911	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

**LONG, INEZ
315 E. ROBINSON STREET
SUITE 660
ORLANDO, FL 32801**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, INEZ 315 E. ROBINSON ST., SUITE 222 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, FRANK 315 E ROBINSON ST, 222 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISSEN, GODWIN 315 E ROBINSON ST, 222 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUKWU, LAWRENCE 315 E ROBINSON STREET STE 222 ORLANDO, FL 32801
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 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 617, 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: *Neef Lane* **1/26/05** **407.649-4780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #