2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

	AN	NUAL F	REPORT (AR)		F	ILED
DOCUMENT # \$18215 1. Entity Name					May 02, 2005 08:00 AM Secretary of State	
BLACKH.	AWK COLOR	CORPORATION	ON		Secret	ary of State
Principal Place of Business			Mailing Address			
14540 58TH ST N CLEARWATER FL 33760 US			14540 58TH ST N CLEARWATER FL 3376 US	0	- 4 (##3374% FBT (000 (00)00 (100)00	HANN ANG ANAN KING KARRANANAN ANAN KANANAN NI INDI
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/04)
City & State			City & State		4. FEI Number 36-37689	Applied For Not Applicable
Zip	Zip Country		Zip Country		5. Certificate of Status Desire	\$9.75 Additional
	6. Name and A	Address of Currer	t Registered Agent		7. Name and Address of Ne	w Registered Agent
420	NDERSON, ST 00 BAYSHORE PETERSBURG	BLVD, N.E.		Name Street Address	s (P.O. Box Number is Not Accepta	able)
				City		FL Zip Code
8. The above the obliga	e named entity subrations of registered a	nits this statement agent.	for the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of	f Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printe	d name of registered age	at and title if applicable [NOTE	Registered Agent signature requi	red when reinstating)	DATE
	FILE NOW!!! FE May 1, 2005 Fee		0			mpaign Financing \$5.00 May Be
	k Payable to Flor				Frust Fund (Contribution.
10.	7-	OFFICERS AN	DIRECTORS	11.	ADDITIONS/CHANGES TO C	DFFICERS AND DIRECTORS IN 11
THTLE NAME	SD COREY, LEANN	Q	☐ Delete	TITLE NAME	!! 0000	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1	ERE ROAD		STREET ADDRESS CITY-ST-ZIP	85/04/85	0356991 -80055-020 150.00
TITLE	PD		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SANDERSON, STUART 4200 BAYSHORE BLVD N.E ST PETERSBURG FL 33703			NAME STREET ADDRESS CETY-ST-7P		
TITLE	D		□ Delete	TITLE		☐ Change ☐ Addition
NAME	ELLERBY, HAROLD		_ ******	NAME		
STREET ADDRESS CITY: ST-ZIP	335 VENTURA D OLDSMAR FL 34			STREET ADDRESS CITY+ST+7IF		
TITLE			☐ Delete	THE		☐ Change ☐ Addition
NAME STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-7IP				CITY-ST-ZIP		
THILE			☐ Delete	TETLE		☐ Change ☐ Addition
NAME STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP				CHTY ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				NAME STREET ADDRESS		
CITY - S1 - ZIP				CITY-ST-ZIP		
indicated of the cor	I on this report or surporation or the rece	ipplemental report eiver or trustee emi	is true and accurate and that my powered to execute this report a with all other like empowered.	signature shall have the s required by Chapter 6	e same legal effect as if made und 07, Florida Statutes, and that my n	es. I further certify that the information er oath, that I am an officer or director ame appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					W 4.27.05	727 - 535-444 Davirne Phone #
	sG	MATURE AND TIPED OR	I PROPERTY OF SIGNAME OF MICER OF	N DIRECTOR	Date	Daytime Phone #