## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F86018

City-St-Zip: ORLANDO, FL

Entity Name: BLACKS SUPPLY INC

FILED Apr 26, 2005 Secretary of State

	mer berterte	001121, 1110.		
Current Principal Place of Business:			New Principal Place of Business:	
1206 W. P ORLANDO	PINE ST. D, FL 32805			
Current Mailing Address:			New Mailing Address:	
1206 W. P ORLANDO	PINE ST. D, FL 32805			
FEI Number	: 59-2200082	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
	RED E INE STREET D, FL 32805	US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () VINES, NICOLE 825 N LAKE PL APOPKA, FL 3	EASANT RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	STD () BLACK, CHERY 3324 N WESTM ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () CARTER, LONII 1206 W. PINE S ORLANDO, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () BLACK, CHERII 824 N. TRAILW APOPKA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VPD () BLACK, JASON 811 VASSAR S		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHERYL A. BLACK SEC 04/26/2005