


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000029156 1. Entity Name BLACK'S SPECIALITY INSTALLATION, INC.	
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Principal Place of Business 5512 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32839	Mailing Address 5512 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32839
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3636584	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 BLACK, SCOTT 5512 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32839
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**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 *CRBlack* (NOTE: Registered Agent signature required when reinstating) DATE 4/29/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLACK, SCOTT 5512 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BLACK, CYNTHIA 5512 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32839
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05/03/04-80206-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *CRBlack* DATE 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #