2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114835

FILED Sep 20, 2004 Secretary of State

| Entity Nam | ne: BLACK MC | DLLY, INC. | | | |
|---|--|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| PO BOX 75 | END ROAD 8 0N, FL 33534 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| PO BOX 75 | END ROAD 8 0N, FL 33534 | | | | |
| FEI Number: | 59-3696004 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 101 EAST E SUITE 2800 | |) Y BOULEVARD | | | |
| The above in the State | | ibmits this statement for the pu | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | | | | | |
| Electronic Signature of Registered Agent | | | | Date | |
| | | 2)(b), F.S., the corporation did not Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP () E SEGREST, V E 6180 BIG BEND GIBSONTON, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DVP () E MILLER, HUGH E 6180 BIG BEND GIBSONTON, FL | ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DST ()E MILLER, C D 6180 BIG BEND GIBSONTON, FL | | Title: Name: Address: City-St-Zip: | () 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.

SIGNATURE: V. ELWYN SEGREST **PRES** 09/20/2004