2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AN
Secretary of State

Annoas its oils								
DOCUMENT # P0200 1. Entity Name BLACK INK MARKETING INC								
Principal Place of Business 1703 LAFOREST AVENUE SAFETY HARBOR, FL 34695	Mailing Address 1703 LAFOREST AVENUE SAFETY HARBOR, FL 34695							

	BOR, FL 34695	SAFETY HARBOR, FL 34695		į 				
								
DO NOT WRITE IN THIS SPACE				01242005 No Chg-P CI			R2E034 (10/03)	
L	O NOI WHILE I	n inis spa		4. FEI Numbe			Applied For	
	,		경우는 전투자	01-058			Not Applicable 8.75 Additional	
		20. s. os tare i situado e sintense se en se en 1880 (1880).		5. Certificate	of Status Desired		ee Required	
	6. Name and Address of Current Reg	stered Agent				م بنده و مناه در	angan anthriadha i aire i ba	
1703 LAFC	(ATHARINE G DREST AVENUE HARBOR, FL 34695			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT W THIS SP	46 B B		
	named entity submits this statement for the ions of registered agent.		···-		th, in the State of Flo		miliar with, and accept	
	Signature, typed or printed name of registered agent and tel	e d'applicable. (NOTE: Régistere	id Agent signature required	(when remetering)		DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees				
10.	OFFICERS AND DIRE	CTORS		, (r. 1386) (Døs)	440000	115(1155)	-011 ISO.00	
TITLE	PD WATHARINE				01/31/05	-800.9		
NAME STREET ADDRESS	HETTIG, KATHARINE 1703 LAFOREST AVENUE			w ngangitan Bib Mangan				
CITY-ST-ZIP	SAFETY HARBOR, FL 34695					einkiri		
TITLE	VD							
NAME STORES ADDRESS	HETTIG, FARRELL 1703 LAFOREST AVENUE					er, dan ganer. Hêdi wasan		
STREET ADORESS CITY-ST-ZIP	SAFETY HARBOR, FL 34695		A CONTRACTOR OF THE STATE OF TH	wielere in marke		ama bida		
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CITY-ST-ZIP					2444 C 344 C 3444.	ON THE PARTY	Section Action of the second section of the second	
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name Street Adoress					시기를 가입하고 되었다. 1944년 - 1941년 1일 1일			
CITY-ST-ZIP	_							

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 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:

MOSH CLING CS HOHAT

BIONATURE AND TYPED ON PRINTED NAME OF BIONING OFFICER OF DIRECTOR

1/28/05 813-805-7097