

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90040 003 ***150.00

DOCUMENT # P02000006482

1. Entity Name
BLACK INK MARKETING INCORPORATED



Principal Place of Business Mailing Address
~~1703 LAFOREST AVENUE~~ 1703 LAFOREST AVENUE
SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695
5405 Cypress Center Dr.
Ste 110 Tampa, FL 33609

50002498

2. Principal Place of Business 3. Mailing Address
BLACK INK MARKETING *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.
110

City & State City & State
Tampa, FL

Zip Country Zip Country
33609 USA

03022006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
01-0584868 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HETTIG, KATHARINE G
1703 LAFOREST AVENUE
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Katharine G. Hettig* DATE *3/9/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HETTIG, KATHARINE	
STREET ADDRESS	1703 LAFOREST AVENUE	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HETTIG, FARRELL	
STREET ADDRESS	1703 LAFOREST AVENUE	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Katharine G. Hettig* DATE *3/9/06* DAYTIME PHONE *813-287-2465*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR