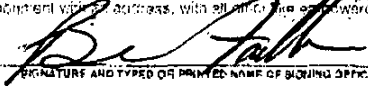


FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90072 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000106822			
1. Entity Name B.L.F. CONSTRUCTION, INC.			
Principal Place of Business 2090 UNION ROAD MIDDLEBURG, FL 32068		Mailing Address 2090 UNION ROAD MIDDLEBURG, FL 32068	
2. Principal Place of Business 3608 Nipa Drive Suite, Apt. #, etc.		3. Mailing Address 3608 Nipa Dr. Suite, Apt. #, etc.	
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL	
Zip 32043		Zip 32043	
County Clay		County Clay	
4. FEI Number 51-0426499		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAULKNER, BRIAN 2090 UNION ROAD MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registration office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D FAULKNER, BRIAN 2090 UNION ROAD MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 authorized to submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11.			
SIGNATURE: 		4/6/05 838 3382	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	