


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000093721 1. Entity Name LESTER D. BLACK, BUILDING CONTRACTOR INC.					
Principal Place of Business 5182 BLACK ROAD MILTON FL 32583		Mailing Address 5182 BLACK ROAD MILTON FL 32583			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0630132	
Zip		Country		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			7. Name and Address of New Registered Agent		
BLACK, LESTER D 5182 BLACK ROAD MILTON FL 32583			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 _____ DATE _____ <small>Signature typed or printed name of registered agent on this filing application. (NOTE: Registered Agent signature required when registering.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete	NAME BLACK, LESTER D SR.		TITLE	NAME 00000841438 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5182 BLACK ROAD	CITY-ST-ZIP MILTON FL 32583		STREET ADDRESS	CITY-ST-ZIP 03/10/08-80020-014 150.00	
TITLE D <input type="checkbox"/> Delete	NAME BLACK, LU JEAN		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5182 BLACK ROAD	CITY-ST-ZIP MILTON FL 32583		STREET ADDRESS	CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME BLACK, LESTER D JR.		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5130 BLACK ROAD	CITY-ST-ZIP MILTON FL 32583		STREET ADDRESS	CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME BLACK, CHRISTOPHER D SR.		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5182 BLACK ROAD	CITY-ST-ZIP MILTON FL 32583		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Lester D. Black Sr</i> Lester D. Black SR			Z - 7 - 08 (850) 623-8575		