

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90006 049 ***150.00

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1. Entity Name

BLACKGROUND, INCORPORATED



Principal Place of Business

2405 NORTH E STREET
PENSACOLA FL 32501

Mailing Address

4551 TERRASANTA
PENSACOLA FL 32504-7823

2. Principal Place of Business - No P.O. Box #

2405 North "L" Street

Suite, Apt. #, etc.

3. Mailing Address

4551 Terrasanta

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

Escambia

Zip

32504

Country

Escambia

4. FEI Number

56-2420468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, HENRY L
2405 NORTH "L" STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name ARNOLD, HENRY L
Street Address (P.O. Box Number is Not Acceptable)
4551 TERRASANTA
City PENSACOLA FL Zip Code 32504

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

HENRY L. ARNOLD

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

Henry L. Arnold

2/10/2008

Date

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
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ARNOLD, HENRY L
STREET ADDRESS 4551 TERRASANTA
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete
NAME ARNOLD, PRINCE T
STREET ADDRESS 2405 NORTH "L" STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete
NAME SHIPP, TAFFANY A
STREET ADDRESS 6221 BIENVILLE DRIVE
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

HENRY L. ARNOLD, Henry L. Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2008

850-484-7989

Daytime Phone #