


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 30 AM 9:14

DOCUMENT # P03000145109			
1. Entity Name JIMMIE BLACK CARPENTRY, INC.			
Principal Place of Business 241 CORAL DRIVE SW FT WALTON BCH, FL 32548		Mailing Address 241 CORAL DRIVE SW FT WALTON BCH, FL 32548	
2. Principal Place of Business <i>2131 CASA De oro st</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>2131 CASA De oro st</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>NAVARRRE FL</i>		City & State <i>NAVARRRE FL</i>	
Zip <i>32566</i>		Country <i>SANTAROSA</i>	
4. FEI Number 45-0529729		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, SHANTELL 515 UNION ST APT 2-A FT WALTON BCH, FL 32548		7. Name and Address of New Registered Agent Name: <i>BLACK SHANTELL</i> Street Address (P.O. Box Number is Not Acceptable): <i>2131 CASA De oro st</i> City: <i>NAVARRRE</i> State: <i>FL</i> Zip Code: <i>32566</i>	
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: <i>Shantell Black</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>9/24/05</i>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, JIMMIE L SR 241 CORAL DRIVE SW FT WALTON BCH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, JIMMIE L SR 2131 CASA De oro st NAVARRRE FL 32566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLACK, ANNIE L 241 CORAL DRIVE SW FT WALTON BCH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLACK, ANNIE L 2131 CASA De oro st NAVARRRE FL 32566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jimmie L. Black Sr* DATE: *9/24/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Jimmie L. BLACK Sr *(850) 936-5295*