

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 002 ***150.00

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1. Entity Name
BLACK HILLS ENGINEERING AND MANUFACTURING, INC.



Principal Place of Business
**12748 HUNT CLUB ROAD NORTH
JACKSONVILLE, FL 32224**

Mailing Address
**12748 HUNT CLUB ROAD NORTH
JACKSONVILLE, FL 32224**

60028899



04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
14286-19 Beach Blvd.

3. Mailing Address
4745 Sutton Park Ct.

Suite, Apt. #, etc.
Suite 340

Suite, Apt. #, etc.
Suite 103

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32250

Country
USA

Zip
32224

Country
USA

4. FEI Number
38-3716994

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCQUAIG, DAVID H
4745 SUTTON PARK COURT SUITE 103
JACKSONVILLE, FL 32224**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ADAMS, MATTHEW A
12748 HUNT CLUB ROAD NORTH
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D/P/V/T/S
Adams, Matthew A.
14286-19 Beach Blvd., #340
Jacksonville FL 32250** ☒ Change ☐ Addition

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

President Matt A. Adams

Date

Daytime Phone #