## 2006 FOR PROFIT CORPORATION \*\*\*ANNUAL REPORT DOCUMENT # P05000081151

SIGNATUREX



**FILED** Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90264 043 \*\*\*158.75

BLACK PRONG CONSTRUCTION SERVICES INC.								
Principal Place of Business Mailing Address  10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431  Mailing Address 10251 SOUTHEAST 132ND CO DUNNELLON, FL 34431				IRT .	- 		OTION IBIOS HODE HOTE OFFICE	NACTAL EL LOTA
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272006	Chg-P	CR2E034 (11/05)	1
City & State		City & State			4. FEI Numbe	349100		pplied For lot Applicable
Zip	Country	Zip	Countr	γ	5. Certificate	of Status Desired	\$8.75 Ac Fee Requir	lditional ed
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Ro	egistered Agent	
KINARD, ROBERT D 10251 SOUTHEAST 132ND COURT			-	Street Address (P.O. Box Number is Not Acceptable)				
	ON, FL 34431							
			-	City	<del></del>		FL Zip Coo	de
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered	d office or registere	ed agent, or both	n, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campai  Trust Fund Contr			00 May Be ad to Fees			
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P. D KINARD, ROBERT D 10251 SOUTHEAST 132ND COU DUNNELLON, FL 34431	C.) Delete	FITLE NAME STREET CITY-S	r address St-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINARD, ÖÖNNA J 10251 SOUTHEAST 132ND COU DUNNELLON, FL 34431	□ Delete	TITLE NAME STREET CITY-S	ADDAESS 51-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINARD, DONNA J 10251 SOUTHEAST 132ND COU DUNNELLON, FL 34431	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ii-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	NP 671		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S1	- 1			Change	Addition
	certify that the information supplied with the control that report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with the control that the contro		r the exem ny signatur as required	nptions contained in re shall have the sa d by Chapter 607,	in Chapter 119, ame legal effect Florida Statutes	Florida Statutes, I fi as if made under or and that my name	urther certify that the i ath; that I am an officer appears in Block 10 o	nformation or director r Block 11 if

315.06