


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000081151 1. Entity Name BLACK PRONG CONSTRUCTION SERVICES INC.	
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Principal Place of Business 10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431	Mailing Address 10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2949100	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KINARD, ROBERT D 10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KINARD, ROBERT D 10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINARD, DONNA J 10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINARD, DONNA J 10251 SOUTHEAST 132ND COURT DUNNELLON, FL 34431
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IN THIS SPACE**

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:  **2.21.07** **352 427-5664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #