2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P07000049362

Entity Name: BLACK SERVICES, INC

Current Principal Place of Business:

1400 PENNSYLVANIA AVENUE
ST CLOUD, FL 34769

New Principal Place of Business:

1400 PENNSYLVANIA AVENUE
ST CLOUD, FL 34769 US

Current Mailing Address:

1400 PENNSYLVANIA AVENUE
ST CLOUD, FL 34769

New Mailing Address:

1620 CYPRESS WOODS CIRCLE
ST CLOUD, FL 34772 US

FEI Number: 26-0168065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, TIMOTHY J
1400 PENNSYLVANIA AVENUE
ST CLOUD, FL 34769 US

Name and Address of New Registered Agent:

BLACK, TIMOTHY J
1620 CYPRESS WOODS CIRCLE
ST CLOUD, FL 34772 US

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.

SIGNATURE: TIMOTHY J. BLACK 03/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BLACK, TIMOTHY J
Address: 1400 PENNSYLVANIA AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: S ( ) Delete
Name: BLACK, DARIA A
Address: 1400 PENNSYLVANIA AVENUE
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: BLACK, TIMOTHY J
Address: 1620 CYPRESS WOODS CIRCLE
City-St-Zip: ST CLOUD, FL 34772 US

Title: S (X) Change ( ) Addition
Name: BLACK, DARIA A
Address: 1620 CYPRESS WOODS CIRCLE
City-St-Zip: ST CLOUD, FL 34772 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARIA BLACK S 03/27/2009
Electronic Signature of Signing Officer or Director Date