

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000049362

Entity Name: BLACK SERVICES, INC

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1400 PENNSYLVANIA AVE  
ST CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

1620 CYPRESS WOODS CIRCLE  
ST CLOUD, FL 34772 US

**New Mailing Address:**

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  
1620 CYPRESS WOODS CIRCLE  
ST CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY BLACK

MR

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date