

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90080 013 ***150.00

DOCUMENT # P94000081480

1. Entity Name

BAR-K BLACKSMITH SUPPLY INC.



Principal Place of Business

11350 US 98
DADE CITY FL 33525

Mailing Address

11350 US 98
DADE CITY FL 33525

2. Principal Place of Business

40409 OTIS ALLEN RD.
Suite, Apt. #, etc.
ZEPHYRHILLS, FL.
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3277158

Applied For
Not Applicable

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

Zip 33540 Country USA

Zip Country

6. Name and Address of Current Registered Agent

KINNEY, KIMBERLY
11350 US 98
DADE CITY FL 33525
40409 OTIS ALLEN RD.
ZEPHYRHILLS, FL. 33540

7. Name and Address of New Registered Agent

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

Kimberly Kinney

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KINNEY, KIMBERLY	
STREET ADDRESS	11350 US 98 40409 OTIS ALLEN RD.	
CITY-ST-ZIP	DADE CITY FL 33525 ZEPHYRHILLS, FL. 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINNEY, RICHARD	
STREET ADDRESS	40455 OTIS ALLEN ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

KIMBERLY KINNEY *Kimberly Kinney* 4-25-05 352-567-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #