


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90222 009 ***150.00

DOCUMENT # P94000081480		
1. Entity Name BAR-K BLACKSMITH SUPPLY INC.		
Principal Place of Business 40409 OTIS ALLEN ROAD ZEPHYRHILLS FL 33540		Mailing Address 11350 US 98 DADE CITY FL 33525
2. Principal Place of Business	3. Mailing Address 40409 OTIS ALLEN RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State ZEPHYRHILLS, FL.	
Zip	Country	Zip Country 33540 USA



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent KINNEY, KIMBERLY 40409 OTIS ALLEN ROAD 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	
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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 *Kimberly Kinney* (NOTE: Registered Agent signature required when reactivating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNEY, KIMBERLY 40409 OTIS ALLEN ROAD ZEPHYRHILLS FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNEY, RICHARD 40455 OTIS ALLEN ROAD ZEPHYRHILLS FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kimberly Kinney* **4/24/06** **352-567-7117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #