

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90274 027 ***150.00

DOCUMENT # P97000069652

1. Entity Name
BLACKFOOT CONSTRUCTION, INC.



Principal Place of Business

**1270 FRANK SMITH RD.
QUINCY, FL 32352**

Mailing Address

**1270 FRANK SMITH RD.
QUINCY, FL 32352**

94054274



01072004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3473325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOLZ, CINDY
1270 FRANK SMITH RD
QUINCY, FL 32351**

32352

**DO NOT WRITE
IN THIS SPACE**

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

Cyndi Volz

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

O

NAME

VOLZ, CYNDI

STREET ADDRESS

1270 FRANK SMITH RD

CITY-ST-ZIP

QUINCY, FL 32351

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Cyndi Volz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cyndi Volz

13 Apr 04

DATE

850/627-2198

Daytime Phone #