## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700069652

1. Entity Name
BLACKFOOT CONSTRUCTION, INC.



## FILED May 24, 2005 8:00 am Secretary of State 05-24-2005 90123 033 \*\*\*150.00

12/U FRANK SI Quincy, FL 32		1270 FRANK SMITH RD. QUINCY, FL 32352			
	O MOT MENT			02282005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 59-3473325	Applied For Not Applicable
	<u> </u>			6. Certificate of Status Desired	S8.75 Additional Fee Required
QUINCY, FL	( SMITH RD . 32352			DO NOT V IN THIS S	PACE
the obligation	arned entity submits this statement as of registered agent.	for the purpose of changing its register	ed office or registe		Florida. I am familiar with, and accep
PILE	NOW!!! FEE IS \$150.00 7 1, 2005 Fee will be \$550	9. Election Campaign Fina	noing _ \$5	.00 May Be sed to Fees	uni e
TREET ADDRESS 1		D DIRECTORS			
TY-ST-ZIP TILE NAME TREET ADORESS TY-ST-ZIP				DO NOT I	WRITE
TLE AME IREET ADDRESS ITY-ST-ZIP TLE				IN THIS S	PACE
MARE TREET ADDRESS TY-ST-ZIP TLE					
AME FREET ADDRESS TY-ST-ZP	tify that the information supplied or	Its this filling state and continue			:
indicated on of the corpor changed, or	on an attackment with an address	ith this filting does not qualify for the exe is true and accurate and that my signa powered to execute this report as requi with all other like empowered.	raa oy onep.a. oo	ection 119.07(3)(i), Florida Statute same legal effect as if made und 7, Florida Statutes; and that my na 155 days	es. I further certify that the information er oath; that I am an officer or director ame appears in Block 10 or Block 11 i

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000069	0652		ATTACHMENT		
BLACKFOOT CONSTRUCTION, INC	<b>&gt;</b> .				
Principal Place of Business 1270 FRANK SMITH RD. QUINCY, FL 32352	Mailing Address 1270 FRANK SMITH RD. QUINCY, FL 32352		H0085515		
2. Principal Place of Business 15 lackbook Construed.	3. Mailing Address	uk Sruth lo			
Suite, Apt. #, etc.	Suite, Apt. #-etc.		04292005 Chg-P CR2E034 (10/03)		
City & State	City & State		4. FEI Number Applied For 59-3473325 Not Applied be		
Zig 2352 Country A	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current	Registered Agent	Name .	7. Name and Address of New Registered Agent		
VOLZ, CINDY		Street Aridres	s (P.O. Box Number is Not Acceptable)		
1270 FRANK SMITH RD QUINCY, FL 32352			- V		
		City	FL Zip Code		
	or the purpose of changing its r	egistered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	iked when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri	gn Financing \$	65.00 May Be added to Fees		
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ITTLE O NAME VOLZ, CYNDI STREET ADDRESS CITY-SI-ZIP QUINCY, FL 32351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE  MAME  STREET ADDRESS  DITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receive) or trustee empth changed, or on an attachment with an address.  SIGNATURE:  SIGNATURE AND TYPED OR	h this filing does not qualify for strue and accurate and that mowered to execute this report with all other like empowered.  PRINTED NAME OF SIGNING OFFICER OFFICER OF SIGNING OFFICER OF SIGNING OFFICER OF	ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if		