## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000091507**

1 Entity Name

BLACK & ASSOCIATES ENTERPRISES, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

18242 SOUTHEAST RIDGEVIEW DRIVE TEQUESTA, FL 33469 18242 SOUTHEAST RIDGEVIEW DRIVE TEQUESTA, FL 33469



04132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0956003 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, DOUGLAS S 18242 SE RIDGEVIEW DR TEQUESTA, FL 33469

SIGNATURE:

## 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 Signature, typed or printed narrer of registered agent and title if applicable (NOTE: Registered Agent signature required when refiniteting)					
FiLE NOW!!! FEE !\$ \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution	cing []	\$5.00 May Be Added to Fees	_
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLACK, DOUGLAS S 18242 SOUTHEAST RIDGEVIEW DRI TEQUESTA, FL 33469	- · · · · · · · · · · · · · · · · · · ·	·		
RILE MAME STREET ADDRESS CITY-ST-ZIP					U00000114635 04/15/04-80058-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TRILE NAME STREET ADDRESS CHY-ST-ZIP			·	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
THEE NAME STREET ADDRESS CHY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 attactiment with an address, with all other like empowered.					

Dougens S. Benell