


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000091507**  
 1. Entity Name  
**BLACK & ASSOCIATES ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
 18242 SOUTHEAST RIDGEVIEW DRIVE      18242 SOUTHEAST RIDGEVIEW DRIVE  
 TEQUESTA, FL 33469      TEQUESTA, FL 33469

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0956003**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent  
**BLACK, DOUGLAS S**  
**18242 SE RIDGEVIEW DR**  
**TEQUESTA, FL 33469**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>BLACK, DOUGLAS S<br>18242 SOUTHEAST RIDGEVIEW DRIVE<br>TEQUESTA, FL 33469 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

192210  
 01/25/05-80009-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Douglas S Black*      **Douglas S Black**      561-655-6696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #