

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003964

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** K. BLEVINS CONTRACTING, INC.

**Current Principal Place of Business:**

343 SALEM GATE DR., SE  
SUITE 203  
CONYERS, GA 30013

**New Principal Place of Business:**

**Current Mailing Address:**

343 SALEM GATE DR., SE  
SUITE 203  
CONYERS, GA 30013

**New Mailing Address:**

**FEI Number:** 58-1997245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR.  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLEVINS, KEN  
Address: 343 SALEM GATE DR., SE, STE 203  
City-St-Zip: CONYERS, GA 30013

Title: S  
Name: BLEVINS, TRACIE  
Address: 343 SALEM GATE DR., SE, STE 203  
City-St-Zip: CONYERS, GA 30013

Title: VP  
Name: DISOTELL, JENNIFER  
Address: 343 SALEM GATE DR. SE, STE 203  
City-St-Zip: CONYERS, GA 30013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEN BLEVINS

P

02/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date