2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 27, 2005 08:00 AM DOCUMENT # 325932 **Secretary of State** 1. Entity Name BLACKWATER RANCH, INC. Principal Place of Business Mailing Address 38900 LAKE NORRIS RD. 38900 LAKE NORRIS RD. EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1199520 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, JERRY E Street Address (P.O. Box Number is Not Acceptable) 38900 LAKE NORRIS RD. EUSTIS FL 32736 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000198608 □ Change 01/27/05-80058-012 150.00 ☐ Change TITLE BINE Delete Addition ELLIS, JERRY E NAME 38900 LAKE NORRIS RD. STREET ADDRESS STREET ADDRESS EUSTIS FL 32736 CATY - ST - ZVP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ELLIS, LUCY I NAME NAME STREET ADDRESS 38900 LAKE NORRIS RD. STREET ADDRESS CITY - ST - ZIP EUSTIS FL 32736 CITY-ST-ZIP THE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-IN TITLE ☐ Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CULY-SI-ZIP THILE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST-70P CITY - ST - ZIP TITLE ☐ Delete BILL Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachingent with an address, with all other like empowered.

FILED

1-24-05 352-589-2379
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