2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am **Secretary of State DOCUMENT # F01000001836** 1. Entity Name 03-12-2004 90006 002 ***150.00 **BLACK CREEK WATER & UTILITY COMPANY** Principal Place of Business Mailing Address 15 E NORTH ST. DOVER DE 19901 15 E NORTH ST. DOVER DE 19901 3. Mailing Address 2. Principal Place of Business 4060 Barrancas Ave Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-2850363 Pénsacola FL Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired 32507 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, C B Street Address (P.O. Box Number is Not Acceptable) 4060 BARRANCAS AVE PENSACOLA FL 32507 Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition YANCEY, J B NAME NAME 4060 BARRANCAS AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-7IP VSD ☐ Change TITLE Delete TITLE ☐ Addition SOUTHERLAND, L B NAME NAME STREET ADDRESS 4060 BARRANCAS AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HARRISON, C B STREET ADDRESS 4060 BARRANCAS AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MAUCH, R.E. NAME NAME 4060 BARRANCAS AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an att ith an address, with all other like empowered. Jack B Yancey 850-456-7401 3/9/04 SIGNATURE: Date Davime Phone #

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