

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001836

1. Entity Name  
BLACK CREEK WATER & UTILITY COMPANY



Principal Place of Business  
PO BOX 899  
DOVER, DE 19903

Mailing Address  
4060 BARRANCAS AVE  
PENSACOLA, FL 32507



02142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2850363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, C B  
4060 BARRANCAS AVE  
PENSACOLA, FL 32507

**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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
YANCEY, J B  
4060 BARRANCAS AVE  
PENSACOLA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
SOUTHERLAND, L B  
4060 BARRANCAS AVE  
PENSACOLA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
HARRISON, C B  
4060 BARRANCAS AVE  
PENSACOLA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MAUCH, R.E.  
4060 BARRANCAS AVE  
PENSACOLA, FL 32507

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000439561  
03/02/06-80005-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 507, 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: C B Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #