
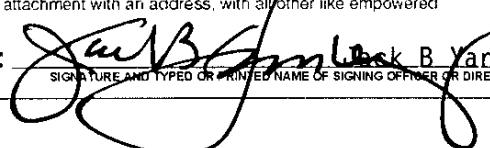


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 039 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 3500 S Dupont Hwy		3. Mailing Address Suite Apt #, etc			
City & State Dover, DE		City & State Zip Country			
Zip 19901		4. FEI Number 59-2850363			
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARRISON, C B 4060 BARRANCAS AVE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY ST ZIP	PD YANCEY, J B 4060 BARRANCAS AVE PENSACOLA, FL	<input type="checkbox"/> Delete			
NAME STREET ADDRESS CITY ST ZIP	VSD SOUTHERLAND, L B 4060 BARRANCAS AVE PENSACOLA, FL	<input type="checkbox"/> Delete			
NAME STREET ADDRESS CITY ST ZIP	TD HARRISON, C B 4060 BARRANCAS AVE PENSACOLA, FL	<input type="checkbox"/> Delete			
NAME STREET ADDRESS CITY ST ZIP	D MAUCH, R.E. 4060 BARRANCAS AVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
NAME STREET ADDRESS CITY ST ZIP	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STREET ADDRESS CITY ST ZIP	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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:  J. B. Yancey, President 2/8/07 850-456-7401 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Zip</small>					