


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F27341	
1. Entity Name WITHLACOOCHEE BACKWATER BLUEGRASS, INC.	

Principal Place of Business HWY #40 WEST P.O. BOX 180 DUNNELLON, FL 34430	Mailing Address HWY #40 WEST P.O. BOX 180 DUNNELLON, FL 34430
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2458107	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARRETT, TODD S PO BOX 1463 19733 SE 127 TERRACE DUNNELLON, FL 34430
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, TODD S. P.O. BOX 1463 N/A DUNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, MARGARET PO BOX 180 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, LONNIE PO BOX 180 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNIGHT ADKISON, SUSAN P.O. BOX 2758 DUNNELLON, FL 344302758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Todd S. Barrett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-18-05 <small>Date</small>	352-572-7337 <small>Daytime Phone #</small>
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