2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# F27341

Entity Name: WITHLACOOCHEE BACKWATER BLUEGRASS, INC.

Current Principal Place of Business:

HWY #40 WEST
P.O. BOX 180
DUNNELLON, FL 34430

New Principal Place of Business:

Current Mailing Address:

HWY #40 WEST
P.O. BOX 180
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 59-2458107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRETT, TODD S
PO BOX 1463
19733 SE 127 TERRACE
DUNNELION, FL 34430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARRETT, TODD S.
Address: P.O. BOX 1463 N/A
City-St-Zip: DUNELLON, FL

Title: TD ( ) Delete
Name: KNIGHT, MARGARET
Address: PO BOX 180
City-St-Zip: DUNNELLON, FL 34430

Title: D ( ) Delete
Name: KNIGHT, LONNIE
Address: PO BOX 180
City-St-Zip: DUNNELLON, FL 34430

Title: SD ( ) Delete
Name: KNIGHT ADKISON, SUSAN
Address: P.O. BOX 2758
City-St-Zip: DUNNELLON, FL 344302758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRETT, TODD S MR
Address: P.O. BOX 1463 N/A
City-St-Zip: DUNELLON, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD S BARRETT PD 04/26/2006
Electronic Signature of Signing Officer or Director Date