2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F33100

1. Entity Name
BLACKWATER FISHERY, INC.

FILED
07 APR 16 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O DONALD P WALTHER 3460 HICKORYTREE RD. ST CLOUD, FL 34772	C/O DONALD P WALTHER 4160 PACKARD AVE ST CLOUD, FL 34772 US

04022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/o Rhonda Walther	C/o Rhonda Walther
Suite, Apt. #, etc.: 3460 Hickory Tree Rd	Suite, Apt. #, etc.: 3460 Hickory Tree Rd
City & State: St. Cloud, Fl	City & State: St. Cloud, Fl
Zip: 34772 Country: USA	Zip: 34772 Country: USA

4. FEI Number: 59-2051445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTHER, DONALD P
4160 PACKARD AVE
ST CLOUD, FL 34772

7. Name and Address of New Registered Agent

Name: Donald P. Walther
Street Address (P.O. Box Number is Not Acceptable): 3460 Hickory Tree Rd
City: St. Cloud FL Zip Code: 34772

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: Donald P Walther — April 3, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

200102236572
05/14/07--01008--018 **70.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS WALTHER, DONALD P 4160 PACKARD AVE ST CLOUD, FL 34772	☐ Delete	DP Donald P. Walther	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D VPTS Rhonda Walther 3460 Hickory Tree Rd St. Cloud, Fl 34772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Donald P Walther, Director — April 3, 2007 — 407-892-7051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #