

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM  
Secretary of State

DOCUMENT # H98880

1. Entity Name

BLACKWATER CANOE RENTAL AND SALES, INC.



Principal Place of Business

10274 POND RD.  
MILTON FL 32583

Mailing Address

10274 POND RD.  
MILTON FL 32583



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2635261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLK, EARNEST D.  
901 E. YONGE ST.  
PENSACOLA FL 32503

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	POLK, EARNEST D III	
STREET ADDRESS	6970 DEATON BRIDGE ROAD	
CITY-STATE-ZIP	MILTON FL 32583	
TITLE	V	<input type="checkbox"/> Delete
NAME	POLK, RANDY V	
STREET ADDRESS	11515 BOUNDARY LINE ROAD	
CITY-STATE-ZIP	MILTON FL 32583	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BARRON, OPAL J	
STREET ADDRESS	6974 DEATON BRIDGE ROAD	
CITY-STATE-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, EARNEST D	
STREET ADDRESS	10274 POND ROAD	
CITY-STATE-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Opal J. Barron: OPAL J. BARRON* 2-8-08 850-293-1828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #