

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 11, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90085 039 \*\*\*\*61.25

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<b>DOCUMENT # N06000009796</b> 1. Entity Name <b>THE BLACKWATER DEER DOG ASSOCIATION, INC.</b>					
Principal Place of Business <b>10174 MUNSON HWY MILTON, FL 32570 US</b>			Mailing Address <b>10174 MUNSON HWY MILTON, FL 32570 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>11-3790373</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>JERNIGAN, JASON M 5567 ALLENTOWN RD MILTON, FL 32570</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>GARRETT, JAMES M</b> <b>10174 MUNSON HWY</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <b>GARRETT, CHRISTOPHER M</b> <b>10174 MUNSON HWY</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>JONES, CHRISTINA D</b> <b>10174 MUNSON HWY</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D/T</b> <b>JERNIGAN, JASON M</b> <b>5567 ALLENTOWN RD</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>COTTON, GREGORY</b> <b>7600 DEWEY JERNIGAN RD</b> <b>PACE, FL 32571</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>PARKER, MILLARD</b> <b>5444 BELANDVILLE RD.</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete			
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 617, 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: <u><i>Jason Jernigan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date <b>4-30-07</b>				Daytime Phone #	