2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 08, 2004 8:00 am Secretary of State

| DOCUMENT # N9800006346 1. Entity Name BLACK BEAR RESERVE WATER COMPANY | | | | 0. | 4-08-2004 9003 | , 13 046 ****(| 61.25 |
|---|--|--|--|--|-------------------------|--|---------------------------|
| Principal Place | e of Business 270 way mont | Mailing Address | | - | - 20 | 400120 | √ , |
| 994 LAKE DESTINY ROAD 1210 SUJTE 1,02 ALTAMONTE SPRINGS, FL 32714 32746 | | 994 LAKE DESTINY ROAD SUITE 1027 ALTAMONTE SPRINGS, EL 32714 # 110 | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03112004 Chg-NP CR2E037 (10/03) | | | |
| City & State | | City & State | | 4. FEI Number 59-3542429 | | | plied For t Applicable |
| Zip | Country | Zip | Country | 5. Certificate of State | us Desired 🔲 | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current I | Registered Agent | - | 7. Name and Addre | ss of New Register | ed Agent | |
| FORD II, ALBERT E ESQ. 270 Waymont Ct. 984 LAKE DESTINY ROAD THIO SUITE 102 ALTAMONTE SPRINGS, FL 32714 | | | Name | | | | |
| | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | |
| ALTAMOR | ITE SPRINGS, FL 32714 | , | | | | | |
| | | | City | | F | Zip Code | Э |
| the obligat | named entity submits this statement for tions of registered agent. | r the purpose of changing its f | egistered office or regis . , | stered agent, or both, in th | e State of Florida. The | am familiar With, | and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: | Registered Agent signature requ | uired when reinstating) | DA | TE | |
| SIGNATURE . | Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004 | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | Make ch | ieck payable to partment of St | |
| SIGNATURE | Filing Fee is \$61.25 | 9. Election Cam Trust Fund C | paign Financing | \$5.00 May Be | Make ch Florida De | eck payable to partment of St | tate |
| 10. UTLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Cam Trust Fund C | paign Financing ontribution. | \$5.00 May Be Added to Fees | Make ch Florida De | eck payable to partment of St | tate |
| 10. LITLE NAME | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF CARSON, MARK R P.O. BOX 520 N/A | 9. Election Cam Trust Fund Co | paign Financing ontribution. 11. TITLE NAME STREET ADDRESS | \$5.00 May Be Added to Fees | Make ch Florida De | neck payable to partment of St | 10 |
| TO. JULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF D CARSON, MARK R P.O. BOX 520 N/A SORRENTO, FL 32776 D CARSON, LEE ANN P.O. BOX 520 N/A SORRENTO, FL 32776 D CARSON, ASHLEY W | 9. Election Cam Trust Fund Co | paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | \$5.00 May Be Added to Fees | Make ch Florida De | DECK payable to partment of St DIRECTORS IN | 10 Addition |
| TO. UTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF D CARSON, MARK R P.O. BOX 520 N/A SORRENTO, FL 32776 D CARSON, LEE ANN P.O. BOX 520 N/A SORRENTO, FL 32776 D | 9. Election Cam Trust Fund Cam BECTORS Delete | paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE | \$5.00 May Be Added to Fees | Make ch Florida De | DECK payable to partment of St DIRECTORS IN Change | 10 Addition Addition |
| IO. JULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF D CARSON, MARK R P.O. BOX 520 N/A SORRENTO, FL 32776 D CARSON, LEE ANN P.O. BOX 520 N/A SORRENTO, FL 32776 D CARSON, ASHLEY W P.O. BOX 520 N/A | 9. Election Cam Trust Fund Cam BECTORS Delete | paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | \$5.00 May Be Added to Fees | Make ch Florida De | DECK payable to partment of St DIRECTORS IN Change | 10 Addition Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-884-5304

Daytime Phone #

Date