2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000047132 1. Entity Name 02-06-2006 90067 025 ***150.00 BLACK CREEK LOGGING, INC. Principal Place of Business Mailing Address 5405 CHICKORY ST. 5405 CHICKORY ST. MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 Principal Place of Business BUNCY 7777 Bundi Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3650222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent P. Hatchar DEBORAH P. HATCHER Street Address (P.O. Box Number is Not Acceptable) 5405 CHICORY ST. MIDDLEBURG, FL 32068 8. The above named entity submits this statement for the purpose of changing its registered office or regi stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete MIE TITLE Change ☐ Addition HATCHER, RANDY NAME NAME RANDAU J. HAten Bundy LAKE RO STREET ADDRESS 5405 CHICORY ST. STREET ADDRESS 326650 MIDDLEBURG, FL 32068 CITY-ST-7IP CITY-ST-ZIP ☐ enange Delete TITLE ☐ Addition TITLE NAME HATCHER, DEBORAH P NAME 5405 CHICORY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TETT F ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: HATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date

94.5919683

FILED

Feb 06, 2006 8:00 am