

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029122

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: BLACK CREEK OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3411 COUNTY HWY 3280  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 534  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 59-3723815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHEATHAM, ROGER D  
160 MAPLE STREET  
FREEPORT, FL 32439 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUFF, CHANDLER J  
Address: 4590 HIGHWAY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: HUFF, BRANDON A  
Address: 4590 HIGHWAY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: DVT ( ) Delete  
Name: CHEATHAM, ROGER D  
Address: 160 MAPLE STREET  
City-St-Zip: FREEPORT, FL 32439

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER D. CHEATHAM

DVT

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date