

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000103231**

1. Entity Name  
**BLACK CREEK INVESTMENTS, INC.**



Principal Place of Business  
**10 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**10 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2380586**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HORNE, BONNIE C  
10 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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 resetting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOOKS, TERESA C
STREET ADDRESS	2034 CLUB RD.
CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	D
NAME	PANTELIS, REBECCA C
STREET ADDRESS	1338 SUNSET DR.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	HORNE, BONNIE C
STREET ADDRESS	10 MARIE PLACE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	BROWER, JENNIFER C
STREET ADDRESS	220 SAN JUAN DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80066-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Bonnie C Horne* **Bonnie C Horne**

*1/10/07* **904-285-9603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #