

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 022 ***150.00

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**

40002440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
52-2380586

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete ☒ →
NAME **HOOKS, TERESA C**
STREET ADDRESS **2034 CLUB RD.**
CITY-ST-ZIP **BIRMINGHAM, AL 35244**

TITLE **President = P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PANTELIS, REBECCA C**
STREET ADDRESS **1338 SUNSET DR.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **vice president = VP** ☒ Change ☐ Addition
NAME **Rebecca C Pantelis**
STREET ADDRESS **PO box 840205**
CITY-ST-ZIP **St. Augustine FL 32080**

TITLE **D** ☐ Delete ☒ →
NAME **HORNE, BONNIE C**
STREET ADDRESS **10 MARIE PLACE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **secretary = S** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete ☒ →
NAME **BROWER, JENNIFER C**
STREET ADDRESS **220 SAN JUAN DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **Treasurer = T** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Bonnie C Horne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/08 904-285-9603
Date Daytime Phone #