

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038229

FILED
Mar 31, 2009
Secretary of State

Entity Name: BLACK HAMMOCK AIR BOAT VENTURES, INC.

Current Principal Place of Business:

2356 BLACK HAMMOCK FISH CAMP ROAD
OVIEDO, FL 32765

New Principal Place of Business:

2356 BLACK HAMMOCK FISH CAMP ROAD
OVIEDO, FL 32765 US

Current Mailing Address:

2356 BLACK HAMMOCK FISH CAMP ROAD
OVIEDO, FL 32765

New Mailing Address:

2356 BLACK HAMMOCK FISH CAMP ROAD
OVIEDO, FL 32765 US

FEI Number: 51-0457795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, JOEL
2356 BLACK HAMMOCK FISH CAMP ROAD
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

MARTIN, JOEL J MR.
2356 BLACK HAMMOCK FISH CAMP ROAD
OVIEDO, FL 32765 US

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: JOEL MARTIN

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, JOEL
Address: 2270 BLACK HAMMOCK ROAD
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: MARTIN, DANIELLE
Address: 2270 BLACK HAMMOCK ROAD
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, JOEL J MR.
Address: 2270 BLACK HAMMOCK ROAD
City-St-Zip: OVIEDO, FL 32765 US

Title: S (X) Change () Addition
Name: MARTIN, DANIELLE J
Address: 2270 BLACK HAMMOCK ROAD
City-St-Zip: OVIEDO, FL 32765 US

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: JOEL MARTIN

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date