2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 09, 2006 08:00 AN DOCUMENT # P03000119778 1. Entity Name **Secretary of State** BLACK CREEK GUTTER INC. Mailing Address Principal Place of Business 4028 SCENIC DRIVE 4028 SCENIC DRIVE MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 71-0950353 Not Applicable Zip Country \$8.75 Additional Zıp Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIMPEE, FRANK K Street Address (P.O. Box Number is Not Acceptable) **4028 SCENIC DRIVE** MIDDLEBURG FL 32068 Zip Code City 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: type-tick crinited name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change ☐ Addition ☐ Delete TITLE U00000426213 NAME NAME WIMPEE, FRANK K 02/20/06-80035-012 150.00 STREET ADDRESS STREET ADDRESS 4028 SCENIC DRIVE CITY-ST-7IP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Change Addition TITLE TITLE ☐ Defete WIMPEE, JANICE E MAME NAME 4028 SCENIC DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-78P CITY-ST-ZIF MIDDLEBURG FL 32068 Addition Delete HILL ☐ Change TITLE MANE MAME WILLIAMS, BENJAMIN M STREET ADDRESS STREET ADDRESS 3966 INGLEWOOD ROAD CITY-SI-7P CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Change T Address ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Aridili, ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-SY-ZIP Addition Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Hank K. Wimper Frank K. Wimper 2/7/06 904-2829591

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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