

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000022669

FILED
Oct 17, 2005
Secretary of State

Entity Name: BLACKWATER INVESTMENT GROUP, INC.

Current Principal Place of Business:

5555 ROUND LAKE ROAD
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150
ZELLWOOD, FL 32789

New Mailing Address:

P.O. BOX 150
ZELLWOOD, FL 32798

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT Q
WILLIAMS, SMITH & SUMMERS, P.A.
380 WEST ALFRED STREET
TAVARES, FL 32778 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: ROBERT Q. WILLIAMS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEIMS, MICHAEL A
Address: 1211 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: CRAWFORD, KENNETH L
Address: 41733 ROYAL TRAILS ROAD
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: PAYNE, WILLIAM W
Address: POST OFFICE BOX 150
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: CARTER, CHARLES T
Address: 2985 WESTLAND
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: HANSON, JOSEPH E
Address: 925 EAST NINTH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

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:

Title: D (X) Change () Addition
Name: CARTER, CHARLES T
Address: 28121 TAMMI DRIVE
City-St-Zip: TAVARES, FL 32778

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM W. PAYNE

D

10/17/2005

Electronic Signature of Signing Officer or Director

Date