

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P04000022669

1. Entity Name
BLACKWATER INVESTMENT GROUP, INC.



Principal Place of Business
5555 ROUND LAKE ROAD
ZELLWOOD, FL 32798

Mailing Address
P.O. BOX 150
ZELLWOOD, FL 32798



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0844182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 reinstating) 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 BEIMS, MICHAEL A
STREET ADDRESS 1211 ROBIE AVENUE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE D
NAME CRAWFORD, KENNETH L
STREET ADDRESS 41733 ROYAL TRAILS ROAD
CITY-ST-ZIP EUSTIS, FL 32736

TITLE D
NAME PAYNE, WILLIAM W
STREET ADDRESS POST OFFICE BOX 150
CITY-ST-ZIP ZELLWOOD, FL 32798

TITLE D
NAME CARTER, CHARLES T
STREET ADDRESS 28121 TAMMI DRIVE
CITY-ST-ZIP TAVARES, FL 32778

TITLE D
NAME HANSON, JOSEPH E
STREET ADDRESS 925 EAST NINTH AVENUE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000697437
04/18/07-80039-021 150.00

**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: Wade Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-07

407-886 9520