


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

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| DOCUMENT # P05000043991 1. Entity Name BLACK WATCH INVESTMENTS INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 588 LANARKSHIRE PLACE APOPKA FL 32712 | | Mailing Address 588 LANARKSHIRE PLACE APOPKA FL 32712 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 4443 SHADY ROCK CT. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 4443 SHADY ROCK CT. <small>Suite, Apt. #, etc.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State APOPKA FL <small>Zip</small> 32712 <small>Country</small> USA | | City & State APOPKA FL <small>Zip</small> 32712 <small>Country</small> USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent (SP) WALL, ED 588 LANARKSHIRE PLACE APOPKA FL 32712 | | 7. Name and Address of New Registered Agent Name ED WALLS Street Address (P.O. Box Number is Not Acceptable) 4443 SHADY ROCK CT. City APOPKA FL <small>Zip Code</small> 32712 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 agents. SIGNATURE Ed WALLS Ed WALLS MANAGER/OWNER May 1, 2008 <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>WALLS, ED</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>588 LANARKSHIRE PLACE</td> <td></td> </tr> <tr> <td></td> <td>APOPKA FL 32712</td> <td></td> </tr> </table> | | TITLE | NAME | Delete | | WALLS, ED | <input type="checkbox"/> | | 588 LANARKSHIRE PLACE | | | APOPKA FL 32712 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>4443 SHADY ROCK CT.</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>APOPKA, FL 32712</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | TITLE | NAME | Change | Addition | | 4443 SHADY ROCK CT. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | APOPKA, FL 32712 | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
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| 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 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: Ed WALLS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 5.1.08 407.265.9500 <small>Date Telephone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |