


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000025079 1. Entity Name BLACKWATER ENGINEERING, INC.	
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Principal Place of Business 54 BLACKHAWK DR SOPCHOPPY, FL 32358	Mailing Address P.O. BOX 146 SOPCHOPPY, FL 32358
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3174137	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 ROUTA, PA, ROBERT A 1931-B CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
DDCU MISU TD W/CHM UTT dODITD: cOn	D ROBERTS, REBECCA HWY 375 WHITE BLUFF RD. SOPCHOPPY, FL 32358
DDCU MISU TD W/CHM UTT dODITD: cOn	
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03/29/04-80017-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Rebecca Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Rebecca Roberts President 3/26/04</u> <small>Date Daytime Phone #</small>
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962-3777