

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038028

FILED
Apr 07, 2009
Secretary of State

Entity Name: BLACKWATER EAST CORPORATION

Current Principal Place of Business:

5190 WARD BASIN RD
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3709
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-3321669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDICK, J H
1101 GULF BREEZE PARKWAY
GULFBREEZE, FL 32561 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DUVALL, J M
Address: 1550 BEACH BLVD
City-St-Zip: BILOXI, MS 39530

Title: P () Delete
Name: DUVALL, CLAUDE
Address: 7517 CASA GRANDE CIRCLE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUVALL, CLAUDE W
Address: 7517 CASA GRANDE CR.
City-St-Zip: MILTON, FL 32583

Title: VP (X) Change () Addition
Name: DUVALL, MELANIE J
Address: 7517 CASA GRANDE CIRCLE
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLAUDE W DUVALL

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date