

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016985

FILED
Apr 30, 2004
Secretary of State

Entity Name: BLACKWATER MATERIALS CORP.

Current Principal Place of Business:

6953 MAIN STREET
BAGDAD, FL 32530

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1829
LAKE CITY, FL 320561829

New Mailing Address:

FEI Number: 59-3374569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOE H JR
HWY 349 N
OLD TOWN, FL 32680 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: D () Delete
Name: ANDERSON, JOE H JR
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

Title: PD () Delete
Name: ANDERSON, JOE H III
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

Title: VPD () Delete
Name: ANDERSON, MARION D
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

Title: SD () Delete
Name: CHILDERS, CYNTHIA D
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

Title: TD () Delete
Name: CHILDERS, TIMOTHY L
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

Title: VPD () Delete
Name: WALL, KEVIN R
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

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

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

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: JOE H. ANDERSON, JR.

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date