
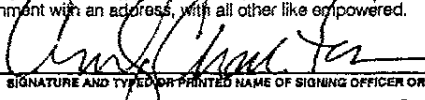


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000039752		
1. Entity Name BLACKWATER GROWERS, INC.		
Principal Place of Business 27404 BLACKWATER COURT EUSTIS, FL 32726	Mailing Address 27404 BLACKWATER COURT EUSTIS, FL 32726	
DO NOT WRITE IN THIS SPACE		
		03292004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3537055		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 CLEMENT, G E ESQ 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		1100000108479 04/12/04-80005-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLTON, BILLY W 27404 BLACKWATER COURT EUSTIS, FL 32726	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS CHARLTON, CINDY 27404 BLACKWATER CT EUSTIS, FL 32736	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-8-04</u> Daytime Phone # <u>352-357-2333</u>