


2005 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N20123 1. Entity Name BLUE SKY'S CO-OP, INC. |  |
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|---|---|
| Principal Place of Business 6405 RADIO RD NAPLES, FL 34104 US | Mailing Address 6405 RADIO RD NAPLES, FL 33942 US |
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-2803217 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MURRELL, ROBERT E 800 LAUREL OAK DR #300 NAPLES, FL 34108 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|---|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000181926 01/19/05-80006-019 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS, GARY 179 SAND DR NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WILSON, WILL 119 KIM DR. NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WOLFINGER, GENIE 73 PALSO NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GREEN, CHUCK 5 BLUE SKYS DR NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SIMMONS, KERMIT 8 BLUE SKYS DR. NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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

01/10/2005 239-843-1077
Date Daytime Phone #