


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90068 042 ***158.75

DOCUMENT # P02000096213

1. Entity Name
BLUE OCEAN BUILDERS, INC.



Principal Place of Business Mailing Address

**416 28TH STREET
 WEST PALM BEACH FL 33407** **416 28TH STREET
 WEST PALM BEACH FL 33407**

2. Principal Place of Business 3. Mailing Address

3458 S.E. Gran Parkway **3458 S.E. Gran Parkway**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Stuart, FL **Stuart, FL**

Zip Country Zip Country

34997 **USA** **34997** **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

VILLE, NICHOLAS M
416 28TH STREET
WEST PALM BEACH FL 33407

4. FEI Number Applied For

01-0743073 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **VILLE, NICHOLAS M.**

Street Address (P.O. Box Number is Not Acceptable)
2058 S. Palm Circle

City **North Palm Beach** FL Zip Code **33408**

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 *Nick Ville* / **Nick Ville / President** DATE **3/3/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILLE, NICHOLS M	
STREET ADDRESS	416 28TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILLE, LOUIS	
STREET ADDRESS	1130 STAGHORN STREET	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUOMO, PETER	
STREET ADDRESS	601 HOWARD CREEK LANE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ville, Nicholas M.	
STREET ADDRESS	2058 S. Palm Circle	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ville, Louis	
STREET ADDRESS	3646 SW. Rivers End Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Nick Ville* DATE **3/3/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR