2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

09 APR 14 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037348

1. Entity Name
BLU AT 5 POINTS, INC.

Principal Place of Business
820 POST STREET
JACKSONVILLE, FL 32204

Mailing Address

03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0821178

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, JOHN R JR
1212 TALBOT AVE
JACKSONVILLE, FL 32205

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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 _____ DATE
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, 2009 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V D Vice President Director
NAME	EVANS, JOHN R JR
STREET ADDRESS	1212 TALBOT AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CEO/T D CEO. Treasurer Director
NAME	RANIER, SIBYL P
STREET ADDRESS	1666 LANE AVE S
CITY ST-ZIP	JACKSONVILLE, FL 32210

TITLE	Secretary - Director
NAME	Sylvia Nelson
STREET ADDRESS	820 Post St
CITY ST ZIP	Jacksonville Fl. 32204

TITLE	Director
NAME	Dianne Reseigno
STREET ADDRESS	820 Post ST
CITY-ST ZIP	Jacksonville, Fl. 32204

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04/14/09--01002--026 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sibyl P. Rainer Sibyl P. Rainer 3/25/09 9047812926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/14