

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000001532

1. Entity Name

BLUE WATER ENVIROMENTAL OF FLA., INC.



Principal Place of Business
11341 DISTRIBUTION AVE E
#6
JACKSONVILLE FL 32256

Mailing Address
2336 TYRONE BLVD
MIDDLEBURG FL 32068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number
59-3550773

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTORE, JOHN
2336 TYRONE ROAD
MIDDLEBURG FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

John F. Pastore

2/3/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PASTORE, JOHN
2336 TYRONE ROAD
MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000428149
02/21/06-80034-025 150.00 ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PASTORE, CHERYL
2336 TYRONE ROAD
MIDDLEBURG FL 32068 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

John F. Pastore

2/3/06

904-806-1184