2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90055 036 ***150.00

DOCUMENT # J61178

1. Entity Name
BLUE WATER CANVAS & MARINE INTERIORS, INC.

Principal Place of Business	Mailing Address
4 FISHING VILLAGE DR OCEAN REEF KEY LARGO, FL 33037 US	4 FISHING VILLAGE DR OCEAN REEF KEY LARGO, FL 33037 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2770073
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAPOINTE, ROBERT
4 FISHING VILLAGE DR
OCEAN REEF CLUB
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

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, 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, 2004 Fee will be $550.00

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	DPT LAPOINTE, ROBERT D ~~425 LAGUNA AVE~~ ~~KEY LARGO, FL 33037~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT LAPOINTE, ROBERT D. 268 S. COCONUT PALM BLVD Tavernier, FL 33037 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LAPOINTE, CHERYL A ~~425 LAGUNA AVE~~ ~~KEY LARGO, FL 33037~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LAPOINTE, CHERYL A. 268 S. COCONUT PALM BLVD TAVERNIER FL 33070 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Cheryl A. LaPointe 1/22/04 305/367-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #