


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # K36273 1. Entity Name BLUEWATER PARKS, INC.	
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Principal Place of Business 30 GIEL DRIVE DELAND, FL 32720 US	Mailing Address 1640 CHINOOK TR MAITLAND, FL 32751 US
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0113600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, ANDREA A 1640 CHINOOK TR MAITLAND, FL 32751	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, JOHN W 5395 WILD OAK DRIVE EAST LANSING, MI 48823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, ANDREA A. 1640 CHINOOK TR MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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04/22/04-80052-015 150.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Treasurer Andrea A. Brown Date 4/11/04 Daytime Phone # 407/599-9633
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