


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N15545
 1. Entity Name
BLUE RIVER COVE EAST, INC.



Principal Place of Business: **9570 W. RIVER HOLLY PATH, HOMOSASSA SPRINGS FL 34447 US**
 Mailing Address: **P.O. BOX 5129, HOMOSASSA SPRINGS FL 34447 US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**HUFFSTUTLER, PAUL L.
 9570 W RIVER HOLLY PATH
 HOMOSASSA FL 34447**

4. FEI Number: **59-2955901**
 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, the above named entity, submit 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 reappointing)
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUFFSTUTLER, PAUL L.	
STREET ADDRESS	9570 W. RIVER HOLLY PATH	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUFFSTUTLER, BETTY L.	
STREET ADDRESS	9570 W. RIVER HOLLY PATH	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUFFSTUTLER, ROBERT PAUL	
STREET ADDRESS	9570 W. RIVER HOLLY PATH	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000472530	
CITY-ST-ZIP	03/29/06-80040-011 61.25	
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		
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 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 617, 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: *Paul L. Huffstutler* *Paul L. Huffstutler* 2-22-06 352-228-5519