


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90062 034 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # P00000013778                 |  |
| 1. Entity Name<br>BLUE HERON POND, INC. |   |

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| Principal Place of Business<br><del>635 SOUTH ORANGE AVENUE</del><br><del>SUITE 16</del><br><del>SARASOTA FL 34236</del> | Mailing Address<br><del>635 SOUTH ORANGE AVENUE</del><br><del>SUITE 16</del><br><del>SARASOTA FL 34236</del> |
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1st MOORE CR2E034 (10/04)

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| 2. Principal Place of Business<br>2055 Wood St<br>Suite, Apt. #, etc. Suite 202<br>City & State Sarasota FL<br>Zip 34237 Country USA | 3. Mailing Address<br>2055 Wood St<br>Suite, Apt. #, etc. Suite 202<br>City & State Sarasota FL<br>Zip 34237 Country USA |
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|--------------------------|--|
| 4. FEI Number 65-0998227 | Applied For<br><input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>RICHARDSON, ROBERT A<br><del>635 S ORANGE AVE</del><br><del>STE 16</del><br><del>SARASOTA FL 34236</del> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2055 Wood St, Suite 202<br>City Sarasota FL Zip Code 34237 |
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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 Robert A Richardson, Pres. DATE 4/7/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State | 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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>RICHARDSON, ROBERT A<br><del>635 S ORANGE AVE, STE 16</del><br><del>SARASOTA FL 34236</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2055 Wood St, Suite 202<br>Sarasota FL 34237 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>HARTENSTINE, J MICHAEL<br>200 S ORANGE AVE<br>SARASOTA FL 34236 <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A Richardson, Pres DATE 4/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #