

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000095657					
1. Entity Name BLUEWATER PLUMBING OF CENTRAL FLORIDA, INC.					
Principal Place of Business 5320 PAUL BROWN ROAD LAKELAND FL 33810			Mailing Address 5320 PAUL BROWN ROAD LAKELAND FL 33810		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number 59-3678206	
				Applied For Not Applied	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAULAC, ROBERT P 5320 PAUL BROWN ROAD LAKELAND FL 33810				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 _____ (NOTE: Registered Agent signature required when reconstituting)					
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 \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BAULAC, ROBERT P		NAME		
STREET ADDRESS	5320 PAUL BROWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BAULAC, TIMOTHY		NAME		
STREET ADDRESS	5320 PAUL BROWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 lines empowered.					
SIGNATURE: <i>Robert Baulac</i>			Robert Baulac 7-11-06 863-859-0093		