

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000115724**

1. Entity Name  
**BRIGHTWATER CAPITAL VENTURES, INC.**



Principal Place of Business

**THE PIER  
800 2ND AVENUE  
ST PETERSBURG, FL 33701 US**

Mailing Address

**THE PIER  
800 2ND AVENUE  
ST PETERSBURG, FL 33701 US**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3689215**

Applied For  
Not Applied

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KNIGHT, MICHEAL  
C/O M J TOONS  
THE PIER, 800 2ND AVE NE  
ST PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KNIGHT, MICHAEL  
THE PIER, 800 2ND AVE NE  
ST PETERSBURG, FL 33701**

U00000484086  
04/12/06-80025-025 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**M D Knight MICHAEL DAVID KNIGHT**

**3-27-06 727-895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #