

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000043335

1. Entity Name  
BLUE WATER ESTATES, INC.



Principal Place of Business

14255 U.S. HIGHWAY 1  
SUITE 223  
JUNO BEACH, FL 33408

Mailing Address

14255 U.S. HIGHWAY 1  
SUITE 223  
JUNO BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
82-0547420

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAGLE, GARY J  
14255 U.S. HIGHWAY 1  
SUITE 223  
JUNO BEACH, FL 33408

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000072008  
03/01/04-80093-025 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SCIALLA, ROBERT J  
2366 AZURE CIRCLE  
PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

ROBERT J. SCIALLA, PRESIDENT

Date 2/27/04 (561) 622-3090  
Daytime Phone #