

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90278 014 ***158.75

DOCUMENT # P02000090846

1. Entity Name

BLUE WATER MARINA, INC.



Principal Place of Business

230 BANYON LANE
TAVERNIER FL 33070

Mailing Address

230 BANYON LANE
TAVERNIER FL 33070

04040007

2. Principal Place of Business

230 BANYAN LANE

3. Mailing Address

230 BANYAN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number

13-4209217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARAGONA, R MARIE
230 BANYON LANE
TAVERNIER FL 33070

Name

Street Address (P.O. Box Number is Not Acceptable)

230 BANYAN LANE

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BARAGONA, ROSE MARIE
STREET ADDRESS 230 BANYON LANE
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 230 BANYAN LANE
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BARAGONA, JERRY
STREET ADDRESS 230 BANYON LANE
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Addition
NAME VP
STREET ADDRESS MANNING, JERRY
CITY-ST-ZIP 230 BANYAN LANE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rose M. Baragona Pres

Date

Daytime Phone #

4-26-04 852-5878