

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 041 ***150.00

DOCUMENT # P02000134104 1. Entity Name BLUEWATER BUILDING & CONSTRUCTION COMPANY					
Principal Place of Business P. O. BOX 1254 SARASOTA, FL 34230			Mailing Address P. O. BOX 1254 SARASOTA, FL 34230		
2. Principal Place of Business 2562 MAPLELOFT RD Suite, Apt. #, etc.		3. Mailing Address 2562 MAPLELOFT RD Suite, Apt. #, etc.			
City & State SARASOTA, FL Zip 34232 Country U.S.		City & State SARASOTA, FL Zip 34232 Country US		4. FEI Number 85-0487281	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOIGT & VOIGT, P.A. 2042 BEE RIDGE RD. SARASOTA, FL 34239			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 <u><i>[Signature]</i></u> DATE <u>3/2/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, KYLE F PRESIDE PO BOX 1254 SARASOTA, FL 34230		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BETSY F BROWN, VICE-PRESIDENT 2562 MAPLELOFT RD. SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>[Signature]</i></u> DATE <u>3/2/05</u> DAYTIME PHONE # <u>941-809-2889</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					