


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90020 019 \*\*\*150.00

<b>DOCUMENT # P03000009713</b> 1. Entity Name <b>BLUE MAN ENTERPRISES, INC.</b>			
Principal Place of Business 2771-29 MONUMENT ROAD, #201 JACKSONVILLE, FL 32255		Mailing Address 2771-29 MONUMENT ROAD, #201 JACKSONVILLE, FL 32255	
2. Principal Place of Business <b>2771-29 Monument Rd</b>		3. Mailing Address <b>2771-29 Monument Rd</b>	
Suite, Apt. #, etc. <b>Suite # 201</b>		Suite, Apt. #, etc. <b>Suite # 201</b>	
City & State <b>Jacksonville, FL.</b>		City & State <b>Jacksonville, FL.</b>	
Zip <b>32225</b>		Zip <b>32225</b>	
Country		Country	
4. FEI Number <b>65-1170614</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ETHRIDGE, JEREMY M</b> <b>2771-29 MONUMENT ROAD, #201</b> <b>JACKSONVILLE, FL 32255</b>		7. Name and Address of New Registered Agent Name: <b>Ethridge, Jeremy M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2771-29 monument Rd #201</b> City: <b>Jacksonville, FL</b> Zip Code: <b>32225</b>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>ETHRIDGE, JEREMY M</b>	TITLE <b>D</b>	NAME <b>Ethridge, Jeremy M</b>
STREET ADDRESS <b>2771-29 MONUMENT ROAD, #201</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32255</b>	STREET ADDRESS <b>2771-29 monument Rd. # 201</b>	CITY-ST-ZIP <b>32225 Jacksonville, FL 32225</b>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			