

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000014672

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** BLUE WATER SWF CORPORATION

**Current Principal Place of Business:**

4427 SE 16 PLACE #2  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

205 S.E. 46TH TERRACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4427 SE 16 PLACE #2  
CAPE CORAL, FL 33904

**New Mailing Address:**

205 S.E. 46TH TERRACE  
CAPE CORAL, FL 33904

**FEI Number:** 42-1577789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KEELEY, PETER L ESQ.  
5551 RIDGEWOOD DRIVE  
SUITE 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

FLYNN, MICHAEL W  
205 S.E. 46TH TERRACE  
CAPE CORAL, FL 33904 US

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.

**SIGNATURE:** MICHAEL W. FLYNN

10/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** S ( ) Delete  
**Name:** ELROD-FLYNN, LANNA  
**Address:** 1826 S.E. 15TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** D (X) Delete  
**Name:** FLYNN, BRANDON  
**Address:** 1826 S.W. 15TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** FLYNN, MICHAEL W  
**Address:** 205 S.E. 46TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL W. FLYNN

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date