2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# P03000058874

Entity Name: BLUEFISH CONSTRUCTION, INC.

Current Principal Place of Business:

5365 E COUNTY HWY 30-A
SEAGROVE BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5365 E COUNTY HWY 30-A
SEAGROVE BCH, FL 32459

New Mailing Address:

FEI Number: 02-0693452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, HEATHER
5365 E COUNTY HWY 30-A
SEAGROVE BCH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

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: DP ( ) Delete
Name: MOCHEL, GARY
Address: 1238 DEERWOOD DR
City-St-Zip: DESTIN, FL 32550

Title: DV ( ) Delete
Name: CHANCEY, WALTON
Address: 46 ADALIA AVE
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete
Name: NUZUM, LARRY
Address: 208 N FREEMONT
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete
Name: JONES, GREG
Address: 3712 W BARCELONA
City-St-Zip: TAMPA, FL 33629

Title: DS ( ) Delete
Name: COPE, TERRY
Address: 612 CAROLYN DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GARY MOCHEL DP 10/21/2004

Electronic Signature of Signing Officer or Director Date