

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000096790

1. Entity Name
BLUE CORAL DEVELOPMENT, INC.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 MAY 16 AM 11:44

Principal Place of Business Mailing Address
 2270 HWY 87 2270 HWY 87
 NAVARRE, FL 32566 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

04/16/07 90038 030 \$150.00
 05012007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 81-0629501 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCHARD LAW FIRM PA
~~9268 NAVARRE PKWY~~ 1901 Andorra St.
 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
 NAME DUNCAN, SANDRA R
 STREET ADDRESS 7108 REEF STREET
 CITY-ST-ZIP NAVARRE, FL 32566

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sandra K. Duncan 5/1/07 850-936-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #