

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000127110**

1. Entity Name  
**BLUE DOLPHIN POOLS OF BREVARD, INC.**



Principal Place of Business  
**5475 N. U. S. 1  
MELBOURNE, FL 32940 US**

Mailing Address  
**5475 N. U. S. 1  
MELBOURNE, FL 32940 US**



07142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3136027**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROWN, C.J. MR.  
5475 N. U.S. 1  
MELBOURNE, FL 32940**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-14-06**

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P.
NAME	BROWN, C. J. MR.
STREET ADDRESS	5475 N. U. S. 1
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	V.P.
NAME	BROWN, KATHERINE MS.
STREET ADDRESS	3137 ALFAYA BAY LANE, #304A
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	SEC.
NAME	REEVES, VICKI MS.
STREET ADDRESS	2781 EMPIRE AVE.
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000570597  
07/18/06-80001-002 550.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-14-06 321 242-8498**