

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 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



04302007 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

*C. J. Brown*  
Signature, typed or printed name of registered agent and title if applicable.

C. J. BROWN  
(NOTE: Registered Agent signature required when reinstating)

4/30/07  
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	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	

U00000760713  
05/25/07-80026-007 150.00

**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:**

*C. J. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. J. BROWN 4-30-07 321-242-8498