

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90025 002 \*\*\*150.00

**DOCUMENT # P04000026235**

1. Entity Name  
**BLUE HAVEN POOLS OF FORT MYERS, INC.**



Principal Place of Business  
**1035 COLLIER CENTER WAY  
SUITE 8  
NAPLES, FL 34110**

Mailing Address  
**909 LAKE CAROLYN PARKWAY  
SUITE 150  
IRVING, TX 75039**

00000000



2. Principal Place of Business

3. Mailing Address

**1035 Collier Center Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 8**

01042006 Chg-P CR2E034 (11/05)

City & State

**Naples FL**

4. FEI Number  
**52-2437069**

Applied For  
☒ Not Applicable

Zip

Country

**34110**

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410**

Name **Robert Reeves**

Street Address (P.O. Box Number is Not Acceptable)  
**1035 Collier Center Way**

**Suite 8**

**Naples**

**FL 34110**

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]*

**Robert Reeves, President**

**1/16/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
ZABERER, RONALD  
10014 N MABRY STE 101  
TAMPA, FL 33618** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Robert Reeves  
1035 Collier Center Way  
Suite 8  
Naples, FL 34110** ☒ Change ☐ Addition  
**Pres./Sec.  
Treas./Dir.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
WATERS, CHRIS  
10014 N MABRY STE 101  
TAMPA, FL 33618** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

*[Signature]* **ROBERT REEVES**

**1/16/06 239-591-8453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #