

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037348

Entity Name: BLU AT 5 POINTS, INC.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

820 POST STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

820 POST STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-0821178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAWARAH, JAYME  
2989 DOWNING STREET APT #3  
JACKSONVILLE, FL 32205    US

**Name and Address of New Registered Agent:**

PHILLIPS, JEREMY C  
3334 BRAHMA COURT  
JACKSONVILLE, FL 32226    US

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: JEREMY C. PHILLIPS      04/30/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: HAWARAH, JAYME  
Address: 820 POST STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DT      ( ) Delete  
Name: PHILLIPS, JEREMY  
Address: 820 POST STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD      ( ) Delete  
Name: HAWARAH, NORMA  
Address: 820 POST STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD      ( ) Delete  
Name: NELSON, SYLVIA  
Address: 820 POST STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP      ( ) Delete  
Name: EVANS, JOHN  
Address: 820 POST STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DT      (X) Change ( ) Addition  
Name: PHILLIPS, JEREMY  
Address: 3334 BRAHMA COURT  
City-St-Zip: JACKSONVILLE, FL 32226

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: JEREMY C. PHILLIPS      DT      04/30/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date