


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90099 042 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # P04000066951 1. Entity Name JIM'S BLUEWATER CONSTRUCTION INC | | | |  | |
| Principal Place of Business 1612 TWIN OAK LANE MIDDLEBURG, FL 32068 | | | Mailing Address 1612 TWIN OAK LANE MIDDLEBURG, FL 32068 | | |
| 2. Principal Place of Business - No P.O. Box # 3004 LYDIA ST Suite, Apt. #, etc. | | 3. Mailing Address 3004 LYDIA ST. Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE FL. Zip 32205 | | City & State JACKSONVILLE FL. Zip 32205 | | 4. FEI Number 20-1041335 | |
| Country DUVAL | | Country DUVAL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WHEELER, JAMES W 1612 TWIN OAK LANE MIDDLEBURG, FL 32068 | | | 7. Name and Address of New Registered Agent Name WHEELER, JAMES W Street Address (P.O. Box Number is Not Acceptable) 3004 LYDIA ST. City JACKSONVILLE FL Zip Code 32205 | | |
| 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P WHEELER, JAMES W 1612 TWIN OAK LANE MIDDLEBURG, FL 32068 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WHEELER, JAMES W 3004 LYDIA ST. JACKSONVILLE, FL 32205 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHEELER, DEBRA S 1612 TWIN OAK LANE MIDDLEBURG, FL 32068 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHEELER, DEBRA S 3004 LYDIA ST. JACKSONVILLE, FL 32205 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
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| 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: <u><i>James W. Wheeler</i></u> PRESIDENT <u>4/9/07</u> (904) _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |