

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092009

Entity Name: BLUE BOX PARTNERS, INC.

FILED  
Apr 08, 2010  
Secretary of State

**Current Principal Place of Business:**

6817 SOUTHPOINT PKWY STE 402  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6817 SOUTHPOINT PKWY STE 402  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 26-0088392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEPER, RICHARD C JR.  
8833 PERIMETER PK BLVD #602  
JACKSONVILLE, FL 32216 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TROTTA, THOMAS A  
Address: 6817 SOUTHPOINT PKWY STE 401  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DST  
Name: WINFREE, TRACY  
Address: 4776 HODGES BLVD., SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: STUART TRACY WINFREE

OWNE

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date