


**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90053 043 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # P04000121451</b>  |   |    |   |
| 1. Entity Name<br><b>BLUE WATER PROFESSIONAL GROUP, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>18228 DEW BLOOM DR.<br/>HUDSON, FL 34667</b>  |   | Mailing Address<br><b>18228 DEW BLOOM DR.<br/>HUDSON, FL 34667</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>MOLYNEUX, BARBARA<br/>18228 DEW BLOOM DR.<br/>HUDSON, FL 34667</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br>MOLYNEUX, BARBARA<br>18228 DEW BLOOM DR.<br>HUDSON, FL 34667 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Barbara Molyneux</i>  |   | Date: <i>1/5/05</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #   |   |

66002637



01052005 Chg-P CR2E034 (10/03)

4. FEI Number **30-0272974** Applied For  
Not Applicable

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