2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
13 APR 29 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000130535

1. Entity Name
BLUE WATER BUILDOUT CO.

Principal Place of Business	Mailing Address
1924 THESY DRIVE VIERA, FL 32940	1924 THESY DRIVE VIERA, FL 32940

11052013 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 51-0524904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLIMAN, MARK P DIR
1924 THESY DRIVE
VIERA, FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 27, 2013

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	DIR SOLIMAN, MARK P ~~1924 THESY DRIVE~~ 2202 Lance Blvd. ~~VIERA, FL 32940~~ Cocoa, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300254148863 11/22/13--01002--004 **150.00
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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: [signature] ______ ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

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Information

Annual Report Filing History

Search By Document ID

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Session

Transaction ID	Description	Filing Stage
p04000130535-5f55e92e-657d-48ba-9d3d-0ae196fbbda5	Session file for p04000130535 with last modified date of 4/29/2013 1:55:20 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
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35079029-affb-4bd2-90b5-ff07439fe9f8	P04000130535	0	2	4/17/2012 12:00:00 AM
96c4ba86-6f1b-4f24-a573-09949bf1a314	P04000130535	0	2	5/1/2010 12:00:00 AM
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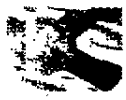

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