

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90014 013 \*\*\*150.00

DOCUMENT # P05000126267

1. Entity Name  
BLUE HERON SERVICES INC.



Principal Place of Business  
4345 INDIANA CIRCLE  
PACE, FL 32571 US

Mailing Address  
4345 INDIANA CIRCLE  
PACE, FL 32571 US

2. Principal Place of Business - No P.O. Box #

4946 Hyatt Lane

3. Mailing Address

4946 Hyatt Lane

Suite, Apt. #, etc.

Pace, FL 32571

Suite, Apt. #, etc.

Pace FL

City & State

Santa Rosa  
Florida

City & State

Santa Rosa  
Florida

Zip

32571

Country

FL

Zip

32571

Country

FL

02132007

Chg-P

CR2E034 (12/06)

4. FEI Number

13-4306127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAZELL, GINA  
4345 INDIANA CIRCLE  
PACE, FL 32571

7. Name and Address of New Registered Agent

Name Gina Perry

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

4946 Hyatt Lane

City

Pace

FL

Zip Code

32571

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DIR  
NAME BRAZELL, GINA  
STREET ADDRESS 4345 INDIANA CIRCLE  
CITY-ST-ZIP PACE, FL 32571 ☐ Delete

TITLE DIR  
NAME PERRY, RICHARD  
STREET ADDRESS P.O. BOX 33345  
CITY-ST-ZIP PENSACOLA, FL 32508 ☐ Delete

TITLE P  
NAME PERRY, RICHARD  
STREET ADDRESS P.O. BOX 33345  
CITY-ST-ZIP PENSACOLA, FL 32508 ☐ Delete

TITLE VP  
NAME BRAZELL, GINA  
STREET ADDRESS 4345 INDIANA CIRCLE  
CITY-ST-ZIP PACE, US 32571 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIR  
NAME Gina Perry  
STREET ADDRESS 4946 Hyatt Lane  
CITY-ST-ZIP Pace FL 32571 ☒ Change ☐ Addition

TITLE DIR  
NAME Richard Perry  
STREET ADDRESS 4946 Hyatt Lane  
CITY-ST-ZIP Pace FL 32571 ☒ Change ☐ Addition

TITLE P  
NAME Richard Perry  
STREET ADDRESS 4946 Hyatt Lane  
CITY-ST-ZIP Pace FL 32571 ☒ Change ☐ Addition

TITLE VP  
NAME Gina Perry  
STREET ADDRESS 4946 Hyatt Lane  
CITY-ST-ZIP Pace FL 32571 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-07

850 516 5791