

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000015305

1. Entity Name
BRIGHT BLUE POOL INC.



FILED

08 AUG -4 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08042008 Chg-P CR2E034 (12/06)

Principal Place of Business
POST OFFICE BOX 1632
SANTA ROSA BEACH, FL 32459

Mailing Address
POST OFFICE BOX 1632
SANTA ROSA BEACH, FL 32459

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

8784 ST ANDREW DR. P.O. Box 1632

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL.

City & State
S.R.B. FL.

Zip

Country

Zip

Country

32550

WALTON

32459

WALTON

4. FEI Number
20-4256242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, CURTIS
8784 ST. ANDREWS
DESTIN, FL 32550

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, CURTIS M	
STREET ADDRESS	POST OFFICE BOX 1632	
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	V	<input type="checkbox"/> Delete
NAME	NELSON, SHERILYN N	
STREET ADDRESS	POST OFFICE BOX 1632	
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CURTIS M	
STREET ADDRESS	POST OFFICE BOX 1632	
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKERSON, DAVID	
STREET ADDRESS	P.O. BOX 1632	
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/18/08--01057--012 **150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-08

Date

Daytime Phone #