

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000078313

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** BLUE HERON 09, INC.

**Current Principal Place of Business:**

960185 GATEWAY BLVD., SUITE 203  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

960185 GATEWAY BLVD., SUITE 203  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

P.O. BOX 16839  
FERNANDINA BEACH, FL 32035

**FEI Number:** 27-0989933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHISM, LORIE L  
960185 GATEWAY BLVD., SUITE 203  
AMELIA ISLAND, FL 32034 US

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

POMM, RAYMOND  
25 BEACHWALKER RD  
AMELIA ISLAND, FL 32034 US

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:** RAYMOND M. POMM

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** POMM, RAYMOND M  
**Address:** P. O. BOX 16839  
**City-St-Zip:** FERNANDINA BCH, FL 32035

**Title:** D  
**Name:** POMM, HEIDI  
**Address:** P. O. BOX 16839  
**City-St-Zip:** FERNANDINA BCH, FL 32035

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:** RAYMOND M. POMM

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date