

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004235

Entity Name: BLUE MARLIN TRANSPORT, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9790 HEALTHPARK CIRCLE #101  
FT MYERS, FL 33908

**New Principal Place of Business:**

1107 LUCERNE AVE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 60722  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 27-1696128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WHITE, CODY L  
9790 HEALTHPARK CIRCLE #101  
FT MYERS, FL 33908 US

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

WHITE, CODY L  
1107 LUCERNE AVE  
CAPE CORAL, FL 33904 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WHITE, CODY L  
Address: 1107 LUCERNE AVE  
City-St-Zip: CAPE CORAL, FL 33904

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: CODY WHITE

OWNE

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date