

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90077 022 \*\*\*150.00

**DOCUMENT # P94000090576**

1. Entity Name

BLUE MARLIN POOLS OF BREVARD, INC.



Principal Place of Business

395 PINEDA COURT  
MELBOURNE FL 32940-7508  
US

Mailing Address

395 PINEDA COURT  
MELBOURNE FL 32940-7508  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3285190**

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

NICOL, ANN  
198 TURTLE PLACE  
ROCKLEDGE FL 32955

Name

**Nicol, Ann**

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

**3712 Stream Dr.,**

**Melbourne, Fl. 32940**

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME RICHTER, MARK  
STREET ADDRESS 103 N OSCEOLA DR  
CITY-ST-ZIP IND HAR BCH FL

TITLE S ☐ Delete  
NAME GREEN, ELAINE  
STREET ADDRESS 4027 YORK LANE APT G  
CITY-ST-ZIP MELBOURNE FL 32904

TITLE T ☐ Delete  
NAME FOSTER, JOHN  
STREET ADDRESS 430 NORWOOD AVE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE EVP ☐ Delete  
NAME NICOL MICHELLE  
STREET ADDRESS 1600 WOODLAND DR. #8211  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE P ☐ Delete  
NAME NICOL, ANN  
STREET ADDRESS 3712 STREAM DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1331 Enclave Dr.  
CITY-ST-ZIP Rockledge, Fl. 32955

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

1-27-04

321-259-1233