

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

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



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

NICOL, ANN
3712 STREAM DR.
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

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

After May 1, 2005 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-STATE-ZIP IND HAR BCH FL

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

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

TITLE EVP ☐ Delete
NAME NICOL MICHELLE
STREET ADDRESS 1331 ENCLAVE DR.
CITY-STATE-ZIP ROCKLEDGE FL 32955

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000198794
CITY-STATE-ZIP 01/27/05-80066-021 150.00

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

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

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

1-24-05

321-259-1233