


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90017 046 ***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 - No P.O. Box # Blue Marlin Pools of Brevard, Inc.		3. Mailing Address 395 Pineda Court			
Suite, Apt. #, etc. Inc.		Suite, Apt. #, etc. 			
City & State Melbourne, FL 32940		City & State 		4. FEI Number 59-3285190	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Michelle Ann Nicol Street Address (P.O. Box Number is Not Acceptable) 1331 Enclave City Rockledge FL Zip Code 32955		
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: <u><i>Michelle Nicol</i></u> 1/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHTER, MARK 103 N OSCEOLA DR IND HAR BCH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michelle Ann Nicol 1331 Enclave Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, LINDA 740 ESPANOLA WAY MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Russ Penick 4695 North Friday Circle Cocoa, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, JOHN 430 NORWOOD AVE SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP NICOL MICHELLE 1331 ENCLAVE DR. ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOL, ANN 3712 STREAM DRIVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Michelle Nicol</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					1/29/08 <small>Date</small>
<small>Daytime Phone #</small>					