

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090576

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: BLUE MARLIN POOLS OF BREVARD, INC.

## Current Principal Place of Business:

395 PINEDA COURT  
MELBOURNE, FL 329407508 US

## New Principal Place of Business:

## Current Mailing Address:

395 PINEDA COURT  
MELBOURNE, FL 329407508 US

## New Mailing Address:

FEI Number: 59-3285190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICOL, MICHELLE A  
1331 ENCLAVE  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICOL, MICHELLE A  
Address: 1331 ENCLAVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: RUSS, PENICK  
Address: 4695 NORTH FRIDAY CIRCLE  
City-St-Zip: COCOA, FL 32926

Title: T ( ) Delete  
Name: FOSTER, JOHN  
Address: 430 NORWOOD AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: EVP ( ) Delete  
Name: NICOL MICHELLE  
Address: 1331 ENCLAVE DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: P ( ) Delete  
Name: NICOL, ANN  
Address: 3712 STREAM DRIVE  
City-St-Zip: MELBOURNE, FL 32940

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE A NICOL

P

07/07/2009

Electronic Signature of Signing Officer or Director

Date