

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90459 002 ***150.00

DOCUMENT # P96000055512 1. Entity Name BLUE WATER INTERNATIONAL, INC.					
Principal Place of Business 4731 WEST KNIGHTS AVENUE TAMPA, FL 33611			Mailing Address 107 SOUTH FRANKLIN STREET TAMPA, FL 33602		
2. Principal Place of Business 107 SOUTH FRANKLIN ST Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State TAMPA, FLORIDA			City & State		
Zip 33602		Country US		4. FEI Number 59-3388209	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, GLENN 100 SOUTH ASHLEY DR SUITE 2200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name STEPHEN MACE Street Address (P.O. Box Number is Not Acceptable) 4020 W PALMIRA City TAMPA FL Zip Code 33629		
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 obligation of registered agent.					
SIGNATURE DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PD HEFFERNAN, JOHN 4731 WEST KNIGHTS AVENUE TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TATISHA, LYNN 4731 WEST KNIGHTS AVE TAMPA, FL 33611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D HEFFERNAN, LATISHA 4731 WEST KNIGHTS AVENUE TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACE, STEPHEN 4801 SAN JOSE TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACE, STEPHEN 4020 W PALMIRA TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MACE, STEPHEN 4601 SAN JOSE DR TAMPA, FL 33602	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)				
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 DATE					