

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000055512

1. Entity Name
BLUE WATER INTERNATIONAL, INC.



Principal Place of Business
**107 SOUTH FRANKLIN ST.
TAMPA, FL 33602**

Mailing Address
**107 SOUTH FRANKLIN STREET
TAMPA, FL 33602**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3386209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACE, STEPHEN
4020 W. PALMIRA
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000947606
06/02/08-80021-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEFFERNAN, JOHN
STREET ADDRESS 4731 WEST KNIGHTS AVENUE
CITY-ST-ZIP TAMPA, FL 33611

TITLE STD
NAME HEFFERNAN, LATISHA
STREET ADDRESS 4731 WEST KNIGHTS AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE VP
NAME MACE, STEPHEN
STREET ADDRESS 4020 W. PALMIRA
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 employees.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08 813-404-9576
Date Daytime Phone #