
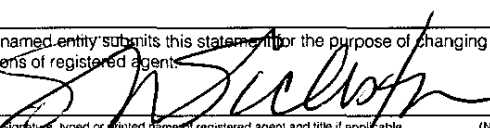


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90035 013 \*\*\*155.00

<b>DOCUMENT # P97000026209</b> 1. Entity Name <b>BLUE GREEN ENTERPRISES, INC.</b>					
Principal Place of Business <b>1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>65-0765714</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>E. Llwyd Ecclestone</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 Palm Beach Lakes Blvd # 1100</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>		
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  <b>E. Llwyd Ecclestone</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ECCLESTON, JR E</b>		NAME		
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD 1100</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>WPB, FL 33401</b>		CITY - ST - ZIP		
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOPER, RON</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD. STE 1100</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33401</b>		CITY - ST - ZIP		
TITLE	S.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAMMON, NANNETTE</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., #1100</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33401</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 		Ron Cooper		4/1/04 561/686-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	