

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000035094 1. Entity Name BLUE WATER FINANCE COMPANY					
Principal Place of Business 2132 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306			Mailing Address P.O. BOX 24544 FT. LAUDERDALE, FL 33307		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0749507	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, JOHN S 1501 NE 4TH AVE FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	D ANDREWS, JOHN S 1501 N.E. FOURTH AVENUE FT LAUDERDALE, FL 33304	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLASTINI, ANTHONY 881 W MCNAB RD POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATERHOUSE, SUZANNE V 2132 E. OAKLAND PARK BLVD. FT LAUDERDALE, FL 333065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WATERHOUSE, TIMOTHY C 881 W. MCNAB ROAD POMPANO BEACH, FL 33060	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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>John S. Andrews</u> 1/15/04 954 566 1601 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					