

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 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**



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0749507**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ANDREWS, JOHN S  
1501 NE 4TH AVE  
FORT LAUDERDALE, FL 33304**

**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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **ANDREWS, JOHN S**  
STREET ADDRESS **1501 N.E. FOURTH AVENUE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE **D**  
NAME **PLASTINI, ANTHONY**  
STREET ADDRESS **881 W MCNAB RD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **D**  
NAME **WATERHOUSE, SUZANNE V**  
STREET ADDRESS **2132 E. OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE, FL 333065**

TITLE **VP**  
NAME **WATERHOUSE, TIMOTHY C**  
STREET ADDRESS **881 W. MCNAB ROAD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**U00000523100  
05/03/06-80057-024 150.00**

**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 empowered.

**SIGNATURE:**

*[Signature]* 4/14/06

954 566 1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #