

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 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**

**DO NOT WRITE IN THIS SPACE**



01042007 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**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 954 5661661  
Date Daytime Phone #