2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000092013

1. Entity Name
BLUE WATER GUIDE, INC.

Principal Place of Business	Mailing Address
97652 OVERSEAS HWY. KEY LARGO, FL 33037	P.O. BOX 219 TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0790831
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PANDOLFE, JOHN III
172 PLANTATION DR
TAVERNIER, FL 33070

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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, 2004 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	PANDOLFE, JOHN III
STREET ADDRESS	172 PLANTATION DR
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	PANDOLFE, JUDITH
STREET ADDRESS	12 BARLEY HILL RD
CITY-ST-ZIP	OLD SAY BROOK, CT 06475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80050-012 150.00

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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: John Randal Lott 4-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #