2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: (

FILED Apr 08, 2005 08:00 AM Secretary of State

850-438-7400

ANNUAL REPORT				Secretary of State	
DOCUMENT # P98000011033 1. Entity Name BLUE WATER ASSOCIATES, INC.					
DLUE VV	ATEN AGGOOMTES, IN	· · · · · · · · · · · · · · · · · · ·			
1	ce of Business XWELL STREET FL 32503	Mailing Address 1413 E. MAXWELL STREET PENSACOLA, FL 32503	-		,
T ENGLISHED			• • •		
 				03022005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			ACE	4. FEI Number 59-3500161	Applied For Not Applicable
	6. Name and Address of Cur			5. Certificate of Status Desired	\$8.75 Additional Fee Required
		rent Registered Agent			
GORDON, KATHLEEN A 1413 E. MAXWELL STREET				DO NOT W	RITE
PENSACO	DLA, FL 32503	· · · · · · · · · · · · · · · · · · ·		IN THIS SI	PACE
	named entity submits this statement of registered agent.	ent for the purpose of changing its regis	tered office or registe	red agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered	agont and title if applicable. (NOTE, Regis	tered Agent signature required	d when reinstating)	DATE
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	50.00 Trust Fund Contribute	oo 🗖 🕹dd	.00 May Be led to Fees	
nice	D., ಇಲ್ಲಿಕ್ ಗಿತ್ನು (ಕಳ್ಳಾಗಿ)	AND DIRECTORS			and the service of the second and th
NAME STREET ADDRESS	GORDON, KATHLEEN A 1413 E. MAXWELL STREET				
CITY-ST-ZIP	PENSACOLA, FL 32503	<u> </u>			
NAME STREET ADDRESS			1	5 d. Ju., 31/44	See the See to Co. of P.
CITY-ST-ZIP					1233645 -80045-016 150.00
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
TITLE				IN THIS S	PACE
STREET ADDRESS					
TITLE		<u> </u>			
NAME STREET ADDRESS			l. -		
CITY-ST-ZIP		<u></u>	4		
NAME					
STREET ADORESS CITY-ST-ZIP					
12. I hereby of indicated of the corphanged	certify that the information sypplied on this report or supplemental representation or the receiver of trustee, or on an attachment with anyadar	with this filling does not qualify for the e ort is true and accurate and that my sig empowered to execute this report as rea ass, with all other like empowered,	exemption stated in Se nature shall have the quired by Chapter 607	ection 119.07(3)(i), Florida Statutes same legal effect as if made under 7, Florida Statutes; and that my nan	I further certify that the information oath, that I am an officer or director ne appears in Block 10 or Block 11 if