

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000026867	
1. Entity Name BLUE FETHER, INC.	

Principal Place of Business 4608 NW 122ND DRIVE CORAL SPRINGS, FL 33076	Mailing Address 4608 NW 122ND DRIVE CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0903127	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWENKE, LAURENE 4608 NW 122ND DRIVE CORAL SPRINGS, FL 33076	DO NOT WRITE IN THIS SPACE
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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 based on printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE _____
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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	U000000096929 03/26/04-50018-002 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SCHWENKE, LAURENE 4608 NW 122ND DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SCHWENKE, PATRICK 4608 NW 122ND DRIVE CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Laurene Schwenke</i> Laurene Schwenke 3/22/04 954-695-1083	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		