


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000065520</b> 1. Entity Name <b>BLUEWATER CENTRAL VACUUM SYSTEMS, INC.</b>	
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Principal Place of Business <b>1230 WHITEWOOD WAY NICEVILLE, FL 32578</b>	Mailing Address <b>1230 WHITEWOOD WAY NICEVILLE, FL 32578</b>
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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3524957</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SNYDER, KARL A 1230 WHITEWOOD WAY NICEVILLE, FL 32578-4216</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, KARL A 1230 WHITEWOOD WAY NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYNDER, KAREN A 1230 WHITEWOOD WAY NICEVILLE, FL 32578
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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:** Karl A Snyder 23 Feb 2005 850 897 5415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #