

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 03, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P99000033815**

1. Entity Name  
**BLU LIN INCORPORATED**



Principal Place of Business  
**4400 MARSH LANDING BLVD. STE. 7  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**4400 MARSH LANDING BLVD. STE. 7  
PONTE VEDRA BEACH, FL 32082**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3571936**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HIXON, JOSEPH M III  
4400 MARSH LANDING BLVD. STE. 7  
PONTE VEDRA BEACH, FL 32082**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HIXON, NICOLE A
STREET ADDRESS	4400 MARSH LANDING BLVD STE #7
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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	

U000000212289  
02/03/05-80023-014 150.00

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NICOLE A. HIXON**

**1/25/05 904-285-8645**

Date

Daytime Phone #