

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21849

Entity Name: BLUEWATER REALTY, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

4400 HIGHWAY 20 EAST
SUITE 308
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5277
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3043249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAIMUND, HERDEN
4400 HWY 20 EAST
SUITE 308
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: HERDEN, RAIMUND
Address: 4400 HWY 20 EAST STE 308
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP () Delete
Name: HERDEN, MARGOT
Address: 4400 HIGHWAY 20 EAST, SUITE 308
City-St-Zip: NICEVILLE, FL 32578 US

Title: S () Delete
Name: HERDEN, CHRISTINA
Address: 4400 HIGHWAY 20 EAST, SUITE 308
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: RAINWATER, JAMES V
Address: 4566 HIGHWAY 20 EAST, SUITE 104
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAIMUND HERDEN

PO

04/24/2009

Electronic Signature of Signing Officer or Director

Date