

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90317 043 \*\*\*150.00

**DOCUMENT # V11489**

1. Entity Name  
**BLUE SPRINGS PARK, INC.**



Principal Place of Business

**7450 NE 60TH ST  
HIGH SPRINGS, FL 32643**

Mailing Address

**P.O. BOX 331  
HIGH SPRINGS, FL 32643**

**04282004**

**No Chg-P**

**CR2E034 (10/03)**



**04282004**

**No Chg-P**

**CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3103981**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**ELLWANGER, THOMAS J.  
501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BARR, HARRY E.
STREET ADDRESS	P O BOX 9 N/A
CITY-ST-ZIP	PORT ST JOE, FL
TITLE	DV
NAME	BARR, ROINA
STREET ADDRESS	P O BOX 9 NA
CITY-ST-ZIP	PORT ST JOE, FL
TITLE	S
NAME	DAVIS, KIMBERLY J.
STREET ADDRESS	7460 NE 55TH AVE
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	T
NAME	BARR, H MATTISON
STREET ADDRESS	1635 NW 71ST ST
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Kimberly J. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kimberly J. Davis**

**4/28/04**

Date

**386-454-1185**

Daytime Phone #