

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000068681

**Entity Name:** BLUESTAR RETIREMENT ADVISERS, INC.

**Current Principal Place of Business:**

822 A1A N., STE 211  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

PO BOX 2349  
PONTE VEDRA BEACH, FL 32004-2349

**FEI Number: 20-3000000**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WERNER, TIM  
822 A1A N., STE 211  
PONTE VEDRA BEACH, FL 32082 US

*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

**Officer/Director Detail :**

Title DP  
Name WERNER, TIMOTHY G  
Address 822 A1A N., STE 211  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DEVP  
Name WERNER, SUZANNE F  
Address 822 A1A N., STE 211  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DVP  
Name SWAIN, PATRICIA  
Address 822 A1A N STE 211  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DVP  
Name SWAIN, JOHN R  
Address 822 A1A N., STE 211  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby 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 all other like empowered.*

**SIGNATURE: TIMOTHY G WERNER**

**PRESIDENT**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date