

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90299 049 \*\*\*150.00

DOCUMENT # P93000082205  
 1. Entity Name  
 BCM SERVICES INC.



Principal Place of Business      Mailing Address  
 920 THIRD STREET      920 THIRD STREET  
 STE B      STE B  
 NEPTUNE BEACH, FL 32266 US      NEPTUNE BEACH, FL 32266 US

94049052



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03242004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 WALLACE, DENISE L  
 STE B  
 JACKSONVILLE, FL 32266

4. FEI Number      Applied For  
 59-3210432      Not Applicable

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

7. Name and Address of New Registered Agent  
 L. Denise Wallace  
 920 Third Street, Suite B  
 Neptune Beach, FL 32266  
 City      FL      Zip Code

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: *L. Denise Wallace*      DATE: 4/7/04  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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	V	<input type="checkbox"/> Delete
NAME	COLEMAN, MICHAEL A.	
STREET ADDRESS	920 THIRD STREET STE B	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BLEVINS, TERRY L	
STREET ADDRESS	920 THIRD STREET STE B	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	PD	<input type="checkbox"/> Delete
NAME	L DENISE WALLACE	
STREET ADDRESS	920 THIRD STREET STE B	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like or empowered.

SIGNATURE: *L. Denise Wallace*      DATE: 4-7-04      DAYTIME PHONE #: 904-242-0666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #