## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2007 8:00 am Secretary of State

| DOCUMENT # P93000082205  1. Entity Name BCM SERVICES INC.                               |   |                                       |  |  |                                  | 04-05-2007                  | 90143 047   | ***15                  | 0.00                      |  |
|---|---|---------------------------------------|--|--|----------------------------------|-----------------------------|-------------|------------------------|---------------------------|--|
| Drin single Disc  | I Di.   | Mailing Addrona                       |  |  |                                  | 400511                      | IΛΔ         |                        |                           |  |
| Principal Place of Business Mailing Address 920 THIRD STREET 920 THIRD STREET           |   |                                       |  |  |                                  | 400011                      | 102         |                        |                           |  |
| STE B   | IKEEI   | STE B                                 |  |  |                                  |                             |             |                        |                           |  |
|   | ACH, FL 32266 US  | NEPTUNE BEACH, FL 32                  | 2266 US  |  |                                  | Tibb IIIII beiri bbiri beir | . <b></b>   |                        |                           |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address                    |  |  |                                  |                             |             |                        |                           |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                   |  |  | 03282007                         | Chg-P                       | CR2E034     | (12/06)                |                           |  |
| City & State  |   | City & State                          |  | 4  | FEI Number<br>59-3210            |                             |             |                        | plied For<br>t Applicable |  |
| Zip   | Country   | Zip                                   | Country  |  |                                  | of Status Desired           |             | 3.75 Add<br>e Required |                           |  |
|   | 6. Name and Address of Current  | Registered Agent                      |  | 7  | . Name and                       | Address of New R            |             |                        |                           |  |
| Name  |   |                                       |  |  |                                  |                             |             |                        |                           |  |
| WALLACE, L. DENISE 920 THIRD ST.  |   |                                       |  | Street Address (P.O. Box Number is Not Acceptable) |                                  |                             |             |                        |                           |  |
| STE. B<br>JACKSONVILLE, FL 32266  |   |                                       |  |  |                                  |                             |             |                        |                           |  |
|   |   |                                       |  | City   |                                  |                             |             | FL Zip Code            |                           |  |
| 8. The above  | named entity submits this statement for   | r the purpose of changing its r       | eaistered office or r  | eaistered  | agent, or both                   | n, in the State of Flo      |             | niliar with,           | and accept                |  |
|   | ions of registered agent.   |                                       |  | Ü  |                                  |                             |             |                        |                           |  |
| SIGNATURE   |   |                                       |  |  |                                  |                             | - ONE       |                        |                           |  |
|   | Signature, typed or printed name of registered agent                                      | and title if applicable. (NOTE        | Registered Agent signature   | a required whi                                     | en reinstating)                  |                             | DATE        |                        |                           |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.                                 | 9. Election Campaig Trust Fund Contri |  | <b>\$5.00</b><br>Added                             | May Be<br>to Fees                |                             |             |                        |                           |  |
| 10.   | OFFICERS AND  | DIRECTORS                             | 11.  |  | ADDITIONS/0                      | CHANGES TO OFF              | ICERS AND D | RECTORS                | 5 IN 11                   |  |
| TITLE   | V   | ☐ Delete                              | TITLE  | AV   |                                  |                             |             | Change                 | X Addition                |  |
| NAME  | COLEMAN, MICHAEL A.   |                                       | NAME   | Ciupak,  | Matthew                          | _                           |             |                        |                           |  |
| STREET ADDRESS  | 920 THIRD STREET STE B  |                                       | STREET ADDRESS   |  | rd Street Suite<br>Beach, FL 32: |                             |             |                        |                           |  |
| CITY-ST-ZIP   | NEPTUNE BEACH, FL 32266   |                                       | CITY-ST-ZIP  | reprine  | Denem, I D JI.                   | 200                         |             |                        |                           |  |
| TITLE   | VST<br>BLEVINS, TERRY L   | ☐ Delete                              | TITLE  |  |                                  |                             |             |                        | - A 1 000                 |  |
| NAME<br>STREET ADDRESS  | I BLEVING TERRIT  |                                       | NAME   |  | a,                               | AND PROPERTY.               | Ε           | ] Change               | Addition                  |  |
| CITY-ST-ZIP   | '   |                                       | NAME<br>STREET ADORESS   |  | <i>2</i> 7-14-84                 | <u> </u>                    | Ε           | ] Change               | Addition                  |  |
|   | 920 THIRD STREET STE B  |                                       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 9.41.50                          |                             | E           | ] Change               | ☐ Addition                |  |
| TITLE   | '   | ☐ Delete                              | STREET ADDRESS   |  | 1                                |                             |             | Change                 | Addition                  |  |
| TITLE<br>NAME   | 920 THIRD STREET STE B<br>NEPTUNE BEACH, FL 32266   | ☐ Delete                              | STREET ADDRESS<br>CITY-ST-ZIP  |  |                                  |                             |             |                        |                           |  |
|   | 920 THIRD STREET STE B<br>NEPTUNE BEACH, FL 32266<br>PD                                   | ☐ Delete                              | STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS  |  |                                  |                             |             |                        |                           |  |
| NAME  | 920 THIRD STREET STE B<br>NEPTUNE BEACH, FL 32266<br>PD<br>L DENISE WALLACE               |                                       | STREET ADDRESS CHY-ST-ZIP THLE NAME  |  |                                  |                             | С           | ] Change               | ☐ Addition                |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266 PD L DENISE WALLACE 920 THIRD STREET STE B | ☐ Delete                              | STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP THLE   |  |                                  |                             | С           |                        |                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266 PD L DENISE WALLACE 920 THIRD STREET STE B |                                       | STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME  |  |                                  |                             | С           | ] Change               | ☐ Addition                |  |
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| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266 PD L DENISE WALLACE 920 THIRD STREET STE B | ☐ Delete                              | STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-S1-ZIP THLE NAME STREET ADDRESS   |  |                                  |                             |             | ] Change               | ☐ Addition                |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                               | 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266 PD L DENISE WALLACE 920 THIRD STREET STE B |                                       | STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                                  |                             |             | Change                 | Addition                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE             | 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266 PD L DENISE WALLACE 920 THIRD STREET STE B | ☐ Delete                              | STREET ADDRESS CITY-ST-ZIP  THILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS     |  |                                  |                             |             | Change                 | Addition                  |  |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or involves 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE J. Denise Wolface 3-28-07 904-242-066