2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P95000054050 1. Entity Name BMM, INC. Principal Place of Business Mailing Address 2726 SPRING GLEN ROAD JACKSONVILLE FL 32207 2726 SPRING GLEN ROAD JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3326483 Not Applicable Country Ζip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAGYAR, BELA M Street Address (P.O. Box Number is Not Acceptable) 2726 SPRING GLEN ROAD JACKSONVILLE FL 32207 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Addition PTD HUE TITLE ☐ Delete U00000288515 04/05/05-80012-025 150.00 MAGYAR, BELA M NAME NAME 2726 SPRING GLEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST ZIP Delete Change ☐ Addition TITLE NAME. PARADISE, CAROL C NAME STREET ADDRESS STREET ADDRESS 2726 SPRING GLEN ROAD CHY-ST-ZIF CITY-ST-ZIP JACKSONVILLE FL 32207 Change Addition ☐ Delete 1011 ELLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete iin s 1131.5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete Hite Change Addition MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete uut Change ☐ Addition Trite NAME NAME SHREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP

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 eath; 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:

FILED