

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000082205

**Entity Name:** BCM SERVICES INC.

**Current Principal Place of Business:**

920 THIRD STREET  
STE B  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

920 THIRD STREET  
STE B  
NEPTUNE BEACH, FL 32266 US

**FEI Number:** 59-3210432

**Certificate of Status Desired:** No

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

WALLACE, L. DENISE  
920 THIRD ST.  
STE. B  
NEPTUNE BEACH, FL 32266 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            PRESIDENT, DIRECTOR  
Name            WALLACE, L. DENISE  
Address        920 THIRD STREET STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title            EVP  
Name            COLEMAN, MICHAEL A  
Address        920 THIRD STREET STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title            VP, SECRETARY  
Name            CIUPAK, MATTHEW L  
Address        920 THIRD STREET  
                  STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title            TREASURER  
Name            HUEBNER, AMANDA  
Address        920 THIRD STREET STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title            VP  
Name            MURRAY, MICHAEL C  
Address        920 THIRD STREET  
                  STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

*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:** L. DENISE WALLACE

**PRESIDENT**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date