


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 499806	
1. Entity Name BJM ASSOCIATES, INC.	

Principal Place of Business 506 WYMORE ROAD WINTER PARK, FL 32789	Mailing Address 506 WYMORE ROAD WINTER PARK, FL 32789
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1651893	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTIN, BERNARD J JR 506 WYMORE ROAD WINTER PARK, FL 32789
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MARTIN, BERNARD J JR 506 WYMORE ROAD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, MARY M 506 WYMORE ROAD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERNARD, MARTIN J IV 506 WYMORE ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/20/06-80046-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 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 all other like empowered

SIGNATURE: \_\_\_\_\_ Date: 407-645-5566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Bernard J Martin