

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 548679

1. Entity Name
BMK ARCHITECTS, INC.



Principal Place of Business
**323 CENTRAL AVE.
SARASOTA, FL 34236**

Mailing Address
**46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236**

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1754468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000881861

04/16/08-80017-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	TYLE, WILLIAM J
STREET ADDRESS	2341 AUBREY LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	V
NAME	KUYKENDALL, CHARLES E
STREET ADDRESS	1130 HAMPTON ROAD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PT
NAME	MCLAIN, DARRELL G
STREET ADDRESS	3508 55TH PLACE E
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	V
NAME	OPALINSKY, RICHARD
STREET ADDRESS	4907 31ST STREET E
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 (941) 365-6056
Date Daytime Phone #