


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # 633983 1. Entity Name B M W CONSTRUCTION, INC.					
Principal Place of Business 3007 F M JONES DR LITHIA, FL 33547			Mailing Address 3007 F M JONES DR LITHIA, FL 33547		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1938682	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, BRUCE 3437 KEYSVILLE RD EAST LITHIA, FL 33547			Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For Not Applicable		
SIGNATURE: <i>Bruce Jones</i>			DATE: 04-05-07		
(NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, BRUCE 3437 KEYSVILLE ROAD E. LITHIA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000761810 05/25/07-80069-023 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JONES, DIANE 3437 KEYSVILLE ROAD E. LITHIA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Bruce Jones</i>			DATE: 04-05-07		
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		