2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 665078

Entity Name: BMJ TOWING, INC.

Current Principal Place of Business:

414A S PARROTT AVE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

414 S PARROTT AVE
SUITE A
OKEECHOBEE, FL 34974 US

Current Mailing Address:

414A S PARROTT AVE
OKEECHOBEE, FL 34974 US

New Mailing Address:

414 S PARROTT AVE
SUITE A
OKEECHOBEE, FL 34974 US

FEI Number: 59-1984791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, DAVID H
414A S PARROTT AVE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

WILLIAMS, DAVID H
414 S PARROTT AVE
SUITE A
OKEECHOBEE, FL 34974 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: 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WILLIAMS, DAVID
Address: 414A S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete
Name: LOWE, CONSTANCE W
Address: 414A S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WILLIAMS, DAVID
Address: 414 S PARROTT AVE, SUITE A
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP (X) Change ( ) Addition
Name: LOWE, CONSTANCE W
Address: 414 S PARROTT AVE, SUITE A
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONSTANCE W LOWE VP 01/08/2008
Electronic Signature of Signing Officer or Director Date