

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005025

1. Entity Name
BMH ASSOCIATES, INC.



Principal Place of Business
5365 ROBIN HOOD ROAD STE. 100
NORFOLK, VA 23513

Mailing Address
5365 ROBIN HOOD ROAD STE. 100
NORFOLK, VA 23513



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1384264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

100000156125
05/05/04 08000 050 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HARVEY, EDWARD P JR 1709 STONE CHURCH MEWS VIRGINIA BEACH, VA 23455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP MCGINN, JOHN P JR 4637 PAUL REVERE ROAD VIRGINIA BEACH, FL 23455
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(757) 857-5670

Daytime Phone #