

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 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



04252006 No Chg-P CR2E034 (11/05)

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000545555  
05/11/06-80080-010 150.00

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCGINN, JOHN P JR  
4637 PAUL REVERE ROAD  
VIRGINIA BEACH, FL 23455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John P. McGinn, Jr.* John P. McGinn, Jr. 26 Apr 06 757 852 6700x210