

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005789

Entity Name: BMP SERVICES, INC.

FILED
Mar 15, 2009
Secretary of State

Current Principal Place of Business:

2000 N.E. JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

2000 N.E. JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0831648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANSON, PHILIP
Address: 2000 N.E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: GREENE, ROBERT D
Address: 2000 N.E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD () Delete
Name: SOMMERS, MICHAEL C
Address: 2000 N.E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: P () Delete
Name: ANSON, PHILIP JR
Address: 2000 JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SOMMERS

TRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date