2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2004 8:00 am DOCUMENT # J59276 Secretary of State 1. Entity Name 02-10-2004 90038 030 \*\*\*150.00 BMW CHATTAHOOCHEE CORP. Principal Place of Business Mailing Address 13338 76TH RD N WEST PALM BEACH FL 33412 13338 76TH RD N WEST PALM BEACH FL 33412 3. Mailing Address 2. Principal Place of Business 107 Oriole Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State 59-2774078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUDITH M. WESSON Street Address (P.O. Box Number is Not Acceptable) 13338 76TH ROAD NORTH WEST PALM BEACH FL 33415 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE □ Delete NAME WESSON, BRETT W. NAME 101 Oriole Court STREET ADDRESS 13338 76TH RD. N. STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME WESSON, JUDITH M. NAME 13338 76TH RD. N. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-7IP CITY-ST-ZIP Change - Addition TITLE -TITLE Delete ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED