


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # J64347	
1. Entity Name B.M.C. SERVICES, INC.	

Principal Place of Business 7214 NORTH HUBERT TAMPA, FL 33614	Mailing Address 7214 NORTH HUBERT TAMPA, FL 33614
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05182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2821231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITAKER, MARIA E 7214 N. HUBERT AVE TAMPA, FL 33614
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**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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAHR, RICK 4426 RIDGE LINE CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAHR, ARDYTH 4426 RIDGE LINE CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITAKER, ROBERT 7214 NORTH HUBERT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNIE, DWAYNE 7709 GIBSONTON DRIVE GIBSONTON, FL 33534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/23/05-80008-005 150.00

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: 	5-19-05 813 493 6918
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>