

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90178 022 \*\*\*150.00

**DOCUMENT # K33236**

1. Entity Name  
**BMI PARTNERS, INC.**



Principal Place of Business

**5315 COMPASS PT CIR  
VERO BEACH, FL 32966 US**

Mailing Address

**5315 COMPASS PT CIR  
VERO BEACH, FL 32966 US**

**40060055**



2. Principal Place of Business - No P.O. Box #

**6250 N. MILITARY TRAIL**

Suite, Apt. #, etc.

**SUITE 205**

City & State

**WEST PALM BEACH, FL**

Zip

**33407**

Country

**USA**

3. Mailing Address

**6250 N. MILITARY TRAIL**

Suite, Apt. #, etc.

**SUITE 205**

City & State

**WEST PALM BEACH, FL**

Zip

**33407**

Country

**USA**

02142007

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-0094939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRAZ, MARY J.  
5315 COMPASS PT CIR  
VERO BEACH, FL 32966**

7. Name and Address of New Registered Agent

Name  
**ROBERT E. FRAZIER, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**6250 N. MILITARY TRAIL**

City

**WEST PALM BEACH**

**FL**

Zip Code

**33407**

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

*Robert E. Frazier Jr*

**Robert E Frazier Jr**

**4/10/07**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BRAZ, MARY J.</b>	
STREET ADDRESS	<b>5315 COMPASS PT CIR</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BRAZ, MARY JEAN</b>	
STREET ADDRESS	<b>5315 COMPASS PT CIR</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>FRAZIER, ILA J.</b>	
STREET ADDRESS	<b>3204 PERIMETER DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT E. FRAZIER, JR</b>	
STREET ADDRESS	<b>6250 N. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARTHUR G. SCOTT</b>	
STREET ADDRESS	<b>6250 N. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Arthur G. Scott*

**Arthur G. Scott Secretary**

**4/10/07**

561-842-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #