



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K52054 1. Entity Name BMC & ASSOCIATES, INC.			
Principal Place of Business P O BOX 101612 CAPE CORAL, FL 33910		Mailing Address P O BOX 101612 CAPE CORAL, FL 33910	
DO NOT WRITE IN THIS SPACE			
		01162006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0087811	Applied For (Not Applicable)
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent McFARLAND, BILL 2930 DEL PRADO STE D CAPE CORAL, FL 33904		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000392027 01/24/06-80064-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD McFARLAND, BILL 2930 DEL PRADO STE D CAPE CORAL, FL 33904		
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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: <i>Bill McFarland</i> President		1/16/06 (239) 549-5880	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			