


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K63494		
1. Entity Name BMI DEVELOPMENT, INC.		
Principal Place of Business C/O STEPHEN R. MCINERNEY, II 6637 NW 112TH AVE PARKLAND, FL 33076 US	Mailing Address C/O WILLIAM SCHEU 6825 TRADE WIND WAY LANTANA, FL 33462 US	



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0098835	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 WILKES, JOHN P 901 S FEDERAL HWY STE 101A FORT LAUDERDALE, FL 33316
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000285026
04/02/05-80028-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP SCHEU, WILLIAM 6825 TRADE WIND WAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS MCINERNEY, STEPHEN R II 6637 N.W. 112TH AVENUE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT MAGER, JOSEF 981 N.E. 27TH AVENUE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William T. Scheu William T. SCHEU 3/30/05 (561) 512-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #