

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 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**



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0098835**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

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05/10/07-80075-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *William T. Scheu / William T. SCHEU*

SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/07*

Date

*(661) 512-4701*

Daytime Phone #