

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97433

Entity Name: BSM, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

11 MAGNOLIA LANE
PLANTATION BAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

24 INDIAN SPRINGS DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

11 MAGNOLIA LANE
PLANTATION BAY
ORMOND BEACH, FL 32174

New Mailing Address:

24 INDIAN SPRINGS DRIVE
ORMOND BEACH, FL 32174

FEI Number: 59-2911864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BARBARA E.
11 MAGNOLIA LANE
PLANTATION BAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SMITH, BARBARA E V.P.
24 INDIAN SPRINGS DRIVE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: BARBARA E. SMITH

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, J. GREGORY,
Address: 11 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: SMITH, BARBARA,
Address: 11 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, GREGORY J PRES.
Address: 24 INDIAN SPRINGS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D (X) Change () Addition
Name: SMITH, BARBARA E V.P.
Address: 24 INDIAN SPRINGS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA E. SMITH

V.P.

04/07/2008

Electronic Signature of Signing Officer or Director

Date