

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004892

FILED  
Feb 22, 2005  
Secretary of State

**Entity Name:** THE BACKFLOW PREVENTION MANUFACTURER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

924 LANE AVE N  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

924 LANE AVE N  
JACKSONVILLE, FL 32254

**New Mailing Address:**

1257 WORCESTER RD., # 200  
FRAMINGHAM, MA 01701

**FEI Number:** 59-3660747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEVINE, MICHAEL J  
924 LANE AVE N  
JACKSONVILLE, FL 32254 US

**Name and Address of New Registered Agent:**

DEVINE, MICHAEL  
4737 LONG BOW ROAD  
JACKSONVILLE, FL 32210 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: MICHAEL J. DEVINE

02/22/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DEVINE, MICHAEL J  
Address: 924 LANE AVE N  
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD ( ) Delete  
Name: MCCOY, JIM  
Address: 1257 WORCESTER RD #200  
City-St-Zip: FRAMINGHAM, MA 01701

Title: PD ( ) Delete  
Name: FIELDS, RICK  
Address: 1747 COMMERCE WAY  
City-St-Zip: PASO ROBLES, CA 93446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: DEVINE, MICHAEL J  
Address: 4737 LONG BOW ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD (X) Change ( ) Addition  
Name: MCCOY, JIM  
Address: 1257 WORCESTER RD #200  
City-St-Zip: FRAMINGHAM, MA 01701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. DEVINE

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

Date