2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 09, 2006 08:00 Al Secretary of State DOCUMENT # P00000094173 1. Entity Name BPE PROPERTIES, INC. Principal Place of Business Mailing Address 314 14TH AVE N 314 14TH AVE N JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For 4. FEi Number City & State City & State 59-3674042 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GETTEMY, ERIC 314 14TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150,00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 #00000573916 □ Change TITLE Delete TITLE Addition GETTEMY, ERIC C 08/09/06-90002-015 550.00 NAME 13810 LONGS LANDING RD E STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-719 THILE ☐ Delete Change Addition TITLE SIMPSON, WILLARD R NAME NAME 30 STEAMBOAT ROCK RD STREET ADDRESS STREET ADDRESS **SEDONA AZ 86351** CITY-ST-ZIP CITY - ST - ZIP DS Delete ☐ Change ■ Addition DALY, PETER K 2960 TIMBERWYCK TR STREET ADDRESS STREET ADDRESS **TROY MI 48098** CITY - ST - 71P CITY - ST - ZIP DILE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

8/7/06 904-249-6890

FILED