

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 032 ***150.00

DOCUMENT # P00000094173

1. Entity Name

BPE PROPERTIES, INC.



Principal Place of Business

314 14TH AVE N
JACKSONVILLE FL 32250

Mailing Address

4357 HEATHFORD CT.
314 14TH AVE N
JACKSONVILLE FL 32250
32224



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3674042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GETTEMY, ERIC
314 14TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GETTEMY, ERIC C	
STREET ADDRESS	13810 LONGS LANDING RD E	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SIMPSON, WILLARD R	
STREET ADDRESS	30 STEAMBOAT ROCK RD	
CITY-ST-ZIP	SEDONA AZ 86351	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DALY, PETER K	
STREET ADDRESS	2960 TIMBERWYCK TR	
CITY-ST-ZIP	TROY MI 48098	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eric C. Gettemy / ERIC C. GETTEMY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08 904-249-6890

Date

Daytime Phone