

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000064096

1. Entity Name
BMJ SUPPLY, INC.



Principal Place of Business

**1552 HUNTLEIGH CT.
OLDSMAR, FL 34677**

Mailing Address

**1552 HUNTLEIGH CT.
OLDSMAR, FL 34677**



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3729892

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHECHT, NEIL S
3426 W. KENNEDY BLVD.
TAMPA, FL 33609**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000302447
04/13/05-80069-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CITRO, BART 1552 HUNTLEIGH CT. OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD CITRO, JOANN 1552 HUNTLEIGH CT. OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V CITRO, BART A 1552 HUNTLEIGH CT OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T CITRO, MICHAEL 1552 HUNTLEIGH CT OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

Joann Citro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05
Date

(352)596-7978
Daytime Phone #