

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075391

FILED
Feb 02, 2004
Secretary of State

Entity Name: BMJ HOMES, INC.

Current Principal Place of Business:

3010 SE CEDAR LANE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

PO BOX 699
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 59-3736949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCCHERI, MICHAEL SR.
3010 SE CEDAR LANE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

BUCCHERI, MICHAEL
3010 SE CEDAR LANE
HIGH SPRINGS, FL 32643 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 BUCCHERI

02/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUCCHERI, MICHAEL
Address: 3010 SE CEDAR LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S () Delete
Name: BUCCHERI, MICHAEL JOHN
Address: 3010 SE CEDAR LANE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BUCCHERI

PD

02/02/2004

Electronic Signature of Signing Officer or Director

Date