

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075391

Entity Name: BMJ HOMES, INC.

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

3010 SE CEDAR LANE  
HIGH SPRINGS, FL 32643

## New Principal Place of Business:

21429 NW 165TH AVENUE  
HIGH SPRINGS, FL 32643

## 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  
3010 SE CEDAR LANE  
HIGH SPRINGS, FL 32643 US

## Name and Address of New Registered Agent:

BUCCHERI, MICHAEL  
21429 NW 165TH AVENUE  
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

04/09/2007

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BUCCHERI, MICHAEL  
Address: 21429 NW 165TH AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VP (X) Change ( ) Addition  
Name: BUCCHERI, MICHAEL JOHN  
Address: 21429 NW 165TH AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S (X) Change ( ) Addition  
Name: BUCCHERI, LINDA  
Address: 21429 NW 165TH AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date