

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000075391

**Entity Name:** BMJ HOMES, INC.

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

21429 NW 165 AVENUE  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

21429 NW 165 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:**

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD., SUITE A  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

MARLA COPELAND ESTY  
640 NE SANTA FE BLVD  
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: MARLA COPELAND ESTY

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: BUCCHERI, MICHAEL

PD

02/09/2011

Electronic Signature of Signing Officer or Director

Date