


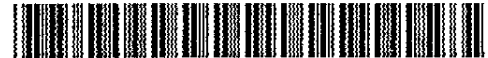
**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000054055</b> 1. Entity Name BMP CERTIFICATION CORPORATION	
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Principal Place of Business 132 SEA LILLY LN. PONTE VEDRA BEACH, FL 32082	Mailing Address 132 SEA LILLY LN. PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**



04032004 No Chg-P GR2E034 (10/03)

4. FEI Number 01-0721862	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBISON, MARY A  
ONE INDEPENDENT DR STE 2600  
JACKSONVILLE, FL 32202

**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 is required when changing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BIERCE, LAURENCE M 1215 PINE CIR MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHAW, MARK D 132 SEA LILY LN PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HEYMAN, J TAD 659 OCEAN BLVD ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000103556  
04/05/04-80060-025 150.00

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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)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SHAW

DATE

4/3/04 904-292-1611