

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075779

Entity Name: ALPHAOMEGA BMS, INC.

FILED  
Sep 02, 2005  
Secretary of State

## Current Principal Place of Business:

176 NW LAKE JEFFREY ROAD  
LAKE CITY, FL 32055

## New Principal Place of Business:

3529 CR 252  
WELLBORN, FL 32094

## Current Mailing Address:

PO BOX 2193  
LAKE CITY, FL 320562193

## New Mailing Address:

FEI Number: 68-0520014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VASKO, T. MARK  
176 NW LAKE JEFFREY ROAD  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

PITTMAN-PARDEE, BEVERLY S  
3529 CR 252  
WELLBORN, FL 32094 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: BEVERLY S. PITTMAN-PARDEE

09/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PITTMAN, BEVERLY S  
Address: 3529 CR 252  
City-St-Zip: WELLBORN, FL 32094

Title: SD (X) Delete  
Name: VASKO, T. MARK  
Address: 176 NW LAKE JEFFREY ROAD  
City-St-Zip: LAKE CITY, FL 32055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PITTMAN-PARDEE, BEVERLY S  
Address: 3529 CR 252  
City-St-Zip: WELLBORN, FL 32094

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: BEVERLY S PITTMAN-PARDEE

PD

09/02/2005

Electronic Signature of Signing Officer or Director

Date