



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 045 ***150.00

DOCUMENT # P02000085768 1. Entity Name BCM PROPERTIES, INC.					
Principal Place of Business 2639 NINTH ST NORTH ST PETERSBURG, FL 33704			Mailing Address 2639 NINTH ST NORTH ST PETERSBURG, FL 33704		
2. Principal Place of Business 2639 Dr.M.L.King Jr. St. N.		3. Mailing Address Same as new business address		50048523 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04292005 Chg-P CR2E034 (10/03)	
City & State St. Petersburg, FL		City & State 		4. FEI Number 02-0642120	
Zip 33704		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY J. WOOD, P.A. 2639 NINTH ST NORTH ST PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name Wood, Bradley J. Street Address (P.O. Box Number is Not Acceptable) 2639 Dr. M. L. King Jr. Street North City St. Petersburg FL Zip Code 33704		
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:  DATE: 04/29/2005 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, BRADLEY J 2639 NINTH ST NORTH ST PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Wood, Bradley J. 2639 Dr. M. L. King Jr. Street N. St. Petersburg, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		04/29/2005 (727) 895-1991 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			