

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90082 001 \*\*\*450.00

**DOCUMENT # P02000085768**

1. Entity Name  
**BCM PROPERTIES, INC.**



Principal Place of Business  
**2639 DR. MLK JR ST. N  
ST PETERSBURG, FL 33704**

Mailing Address  
**2639 DR. MLK JR ST. N  
ST PETERSBURG, FL 33704**

**66012225**



2. Principal Place of Business - No P.O. Box #  
**600 First Avenue North**

3. Mailing Address  
**600 First Avenue North**

Suite, Apt. #, etc.  
**Suite 302**

Suite, Apt. #, etc.  
**Suite 302**

04302007 Chg-P CR2E034 (12/06)

City & State  
**St. Petersburg, Florida**

City & State  
**St. Petersburg, Florida**

4. FEI Number  
**02-0642120**

Applied For  
Not Applicable

Zip  
**33701**

Country  
**Pinellas**

Zip  
**33701**

Country  
**Pinellas**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**BRADLEY J. WOOD, P.A.  
2639 DR. MLK JR. STREET NORTH  
ST PETERSBURG, FL 33704**

**7. Name and Address of New Registered Agent**

Name  
**Bradley J. Wood, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 First Avenue North**  
**Suite 302**  
City  
**St. Petersburg** **FL** Zip Code  
**33701**

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

*Bradley J. Wood*

(NOTE: Registered Agent signature required when reinstating)

*4/30/2007*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**D** ☐ Delete  
NAME  
**WOOD, BRADLEY J**  
STREET ADDRESS  
**2639 DR. MLK JR. STREET NORTH**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33704**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**D** ☒ Change ☐ Addition  
NAME  
**Wood, Bradley J.**  
STREET ADDRESS  
**600 First Avenue North, Suite 302**  
CITY-ST-ZIP  
**St. Petersburg, FL 33701**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Bradley J. Wood*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/2007*  
Date

*(727) 895-1991*  
Daytime Phone #