


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 043 ***150.00

DOCUMENT # P03000023369 1. Entity Name BMMC, INC.	
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Principal Place of Business 218 PUEBLA ROAD ST. AUGUSTINE, FL 32080 US	Mailing Address 218 PUEBLA ROAD ST. AUGUSTINE, FL 32080 US
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DO NOT WRITE IN THIS SPACE



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1550672	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

MARTINELLO, SERAP
218 PUEBLA ROAD
ST. AUGUSTINE, FL 32080

**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

 VP

(NOTE: Registered Agent signature required when reappointing)

1-27-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PRES MARTINELLO, SERAP 218 PUEBLA ROAD ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINELLO, EUGENE T 218 PUEBLA ROAD ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MARTINELLO, SERAP 218 PUEBLA ROAD JACKSONVILLE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES MARTINELLO, EUGENE T 218 PUEBLA ROAD ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

 VP

1-28-08

DATE

904-484-6368

Daytime Phone #