


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000036683**  
1. Entity Name  
**BMS MOBILE HOME SKIRTING, INC.**



Principal Place of Business: **15298 SE 47TH AVE  
SUMMERFIELD, FL 34491**  
Mailing Address: **15298 SE 47TH AVE  
SUMMERFIELD, FL 34491**

**DO NOT WRITE IN THIS SPACE**



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number: **03-0511992** Applied For / Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARTTER, TANYA  
15298 SE 47TH AVE  
SUMMERFIELD, FL 34491**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$350.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTTER, TANYA
STREET ADDRESS	15298 SE 47TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VP
NAME	MARTTER, WILLIAM
STREET ADDRESS	15298 SE 47TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	S
NAME	MARTTER, JR., WILLIAM A
STREET ADDRESS	15298 SE 47TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80150-004 150.00

**DO NOT WRITE  
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)(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: Tanya Martter **TANYA MARTTER** **4-30-05** **352 245 0183**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #