

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90238 027 \*\*\*150.00

**DOCUMENT # P03000047953**

1. Entity Name  
**BMP ENTERPRISES INC.**



Principal Place of Business  
**620 SEASCAPE AVE  
ORLANDO, FL 32828**

Mailing Address  
**620 SEASCAPE AVE  
ORLANDO, FL 32828**

**60000347**



2. Principal Place of Business - No P.O. Box #

**2721 Forsyth Rd**

Suite, Apt. #, etc.

**361**

3. Mailing Address

**2721 Forsyth Rd**

Suite, Apt. #, etc.

**361**

01042007

Chg-P

CR2E034 (12/06)

City & State

**Winter Park FL**

City & State

**Winter Park FL**

4. FEI Number

**13-4249170**

Applied For

Not Applicable

Zip

**32792**

Country

**Orange**

Zip

**32792**

Country

**Orange**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PARRISH, SUE E  
620 SEASCAPE AVE  
ORLANDO, FL 32828**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Sue E. Parrish* **Sue E. Parrish**

**1/4/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete  
NAME **PARRISH, SUE E**  
STREET ADDRESS **620 SEASCAPE AVE**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **VP** ☐ Delete  
NAME **PARRISH, ORVILLE E JR.**  
STREET ADDRESS **620 SEASCAPE AVE**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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:**

*Sue E. Parrish* **Sue Parrish**

Date

Daytime Phone #

**1/4/07 407 736 0495**