


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90006 001 ***150.00

DOCUMENT # P03000063315

1. Entity Name
BDM BUILDERS, INC.



Principal Place of Business Mailing Address
11601 66TH STREET NORTH **11601 66TH STREET NORTH**
LARGO, FL ~~33773~~ **LARGO, FL ~~33743~~**
33773 **33773**

54021600



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
51-0470253 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHRS, DENIS A
2575 ULMERTON ROAD SUITE 210
CLEARWATER, FL 33762

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TAYLOR, DAVID | |
| STREET ADDRESS | 11601 66TH STREET NORTH | |
| CITY-ST-ZIP | LARGO, FL 33743 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LARSEN, BENJAMIN J | |
| STREET ADDRESS | 5525 43RD AVENUE NORTH | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33709 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SEITZ, MARK A | |
| STREET ADDRESS | 5283 37TH AVENUE NORTH | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33710 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *David Taylor* 3/22/04 727-287-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #