2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131174

1. Entity Name
BMFHI, INC.

Principal Place of Business	Mailing Address
11212 BLACK WALNUT ST HUDSON, FL 34669	11212 BLACK WALNUT ST HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE

03052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
81-0637547	Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, JEFFREY
2431-52ND AVENUE NORTH
ST. PETERSBURG, FL 33714

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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 _____

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

U00000671549
03/28/07-80032-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	MURPHY, JEFFREY
STREET ADDRESS	11212 BLACK WALNUT ST
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _JEFF MURPHY_   3/15/07   727 856-6076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #