


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90057 029 ***150.00

DOCUMENT # P04000003074 1. Entity Name B & M CONSTRUCTION, INC. OF OKALOOSA					
Principal Place of Business C/O WALTER BROWN 6072 HWY. 85 N. CRESTVIEW, FL 32536			Mailing Address C/O WALTER BROWN 6072 HWY. 85 N. CRESTVIEW, FL 32536		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 81-06-40749	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWN, WALTER R 8070 HWY N 85- 6072 Hwy 85 N LAUREL HILL, FL 32567 CRESTVIEW, Fla. 32536				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, WALTER R 8070 HWY N 85 LAUREL HILL, FL 32567		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERIC Riley 3501 Bucking-up Rd. Laurel Hill, Fla. 32567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOURGEOIS, HARRY W 310 SUNNYSIDE AVE LAUREL HILL, FL 32567		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Anthony D. Childs 3688 2nd Ave. Laurel Hill, FLA. 32567/P.O. Box 192	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MESSER, CHRISTOPHER B 8070 HWY N 85 LAUREL HILL, FL 32567		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Walter Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-4-05 <small>Date</small>		
			950-682-5533 <small>Daytime Phone #</small>		