FILED
Feb 10, 2005 8:00 am
Secretary of State
01-07-2005 90001 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000005888

1. Entity Name
B.M.P. INSTALLERS, INC.

66001649

Principal Place of Business	Mailing Address
1756 S US HWY 301 SUMTERVILLE, FL 33585	1756 S US HWY 301 SUMTERVILLE, FL 33585
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2428827 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAAF, ELAINE M
1756 S US HWY 301
SUMTERVILLE, FL 33585

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 ____________ DATE ____________

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 NAME: MARIE PRY, BUFFY STREET ADDRESS: 1756 S US HWY 301 CITY-ST-ZIP: SUMTERVILLE, FL 33585	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP: Steven B. Hage	☐ Change ☒ Addition
TITLE: DO NAME: PRY, SHANNON STREET ADDRESS: 1756 S US HWY 301 CITY-ST-ZIP: SUMTERVILLE, FL 33585	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DO NAME: SHURDEN, JOHN R JR. STREET ADDRESS: 1756 S US HWY 301 CITY-ST-ZIP: SUMTERVILLE, FL 33585	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Buffy M Pry — Director/Officer 1/5/05 — 352-303-2481

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

Officers And Directors

ATTACHMENT

66001649

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① Marie Pry, Buffy
1756 S US HWY 301
Sumterville, Fl 33585
President

② Pry Shannon
1756 S US HWY 301
Sumterville, Fl 33585
Director

③ B. Hage Steven
1756 S US HWY 301
Sumterville, Fl 33585 ← Added
Jr. Director

Shurden John R. Jr. ← Deleted
1756 S US HWY 301
Sumterville, Fl 33585
Jr. Director

ATTACHMENT

NOTICE OF REVOCATION OF ELECTION TO BE EXEMPT

66001649

FOR SUBMISSION ONLY
Effective/Issue Date:
Control Number:
Postmark Date:
Received Date:

PLEASE TYPE OR PRINT

I hereby revoke the exemption I currently have as a (check only one box in this section):

CONSTRUCTION INDUSTRY
☒ Corporate Officer (your corporate title: Jr. Director) ☐ Member of Limited Liability Company -OR-

NON-CONSTRUCTION INDUSTRY
☐ Corporate Officer (your corporate title: _____)

THIS REVOCATION OF ELECTION TO BE EXEMPT APPLIES ONLY TO THE PERSON SIGNING THE REVOCATION AND ONLY TO THE CORPORATION/LLC THAT IS LISTED IN THE FOLLOWING SECTION:

Corporation or LLC Name: BMP Installers Inc.

Business Mailing Address:	City:	State:	Zip:
1756 S US HWY 301	Sumterville	FL	33585

County:	Phone No.:	FEIN:	Corporate registration number:
Sumter	(352) 303-2481	56-2428827	P04000005888

Scope of Business or Trade of Applicant Listed on Notice of Election to be Exempt:

1. Window Installer 2. _____ 3. _____ 4. _____

You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business.
Carrier Name: _____

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON FILING A NOTICE OF REVOCATION, IF YOU ARE AN OFFICER WHO IS A SUBCONTRACTOR OR AN OFFICER OF A CORPORATE SUBCONTRACTOR, YOU MUST NOTIFY YOUR CONTRACTOR THAT YOU HAVE REVOKED YOUR EXEMPTION.

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON REVOCATION OF A CERTIFICATE OF ELECTION OF EXEMPTION BY THE DEPARTMENT, THE DEPARTMENT SHALL NOTIFY THE WORKERS' COMPENSATION CARRIER(S) IDENTIFIED IN THE REQUEST FOR EXEMPTION.

John R Shurder Jr. — TYPE/PRINT NAME OF EXEMPTION HOLDER

427-51-5779 — SOCIAL SECURITY NUMBER

Buffy M Pry President — SIGNATURE OF EXEMPTION HOLDER

2/2/05 — DATE SIGNED

Workers' Compensation Information Online - http://www.fldfs.com/WC/