2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT
DOCUMENT # P04000132854

Entity Name
 BC PALMS, INC.

20 ,000

Principal Place of Business

204 A ELLEN LANE PANAMA CITY, FL 32408-5830 Mailing Address

204 A ELLEN LANE

PANAMA CITY, FL 32408-5830

FILED Apr 14, 2008 08:00 A Secretary of State



02122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1648875 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

850-234-6112

6. Name and Address of Current Registered Agent

HUTTO, BILL R 620 MCKENZIE AVE PANAMA CITY, FL 32401

changed, or on an attachment with an address, with at

SIGNATURE:

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 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, 2008 Fee will be \$550.00		 Election Campaign Financ Trust Fund Contribution. 	ing 🔲	\$5.00 May Be Added to Fees	U00000894209
10. OFFICERS AND DIRECTORS					04/24/08-80018-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAKSTEIN, GARY 620 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BURNHAM, WESLEY L JR 620 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREEN, HUBERT 620 MCKENZIE AVE PANAMA CITY, FL 32401			DO	NOT WRITE
THILE NAME STREET ADDRESS CITY-ST-ZIP	DT REICH, BOB 620 MCKENZIE AVE PANAMA CITY, FL 32401			IN ⁻	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP	D NOLL, JAMES W JR 620 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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					

ther like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR