2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132854

Entity Name: BC PALMS, INC

City-St-Zip: PANAMA CITY, FL 32401

FILED Apr 14, 2009 Secretary of State

Entity Na	Me: BC PALN	15, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
204 A ELLEN LANE PANAMA CITY, FL 324085830			7622 MCELVEY RD PANAMA CITY BEACH, FL 324084931 US		
Current Mailing Address:			New Mailing Address:		
204 A ELLEN LANE PANAMA CITY, FL 324085830			7622 MCELVEY RD PANAMA CITY BEACH, FL 324084931 US		
FEI Number	: 20-1648875	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
	BILL R ENZIE AVE CITY, FL 3240	n US			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or bot	
SIGNATU	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DP (WAKSTEIN, GA 620 MCKENZII PANAMA CITY,	E AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS (BURNHAM, WE 620 MCKENZIE PANAMA CITY,	E AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (GREEN, HUBE 620 MCKENZIE PANAMA CITY,	E AVE	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition REICH, BOB 620 MCKENZIE AVE PANAMA CITY, FL 32401	
Title: Name: Address: City-St-Zip:	DT (REICH, BOB 620 MCKENZIE PANAMA CITY,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition NALL, JAMES W JR 620 MCKENZIE AVE PANAMA CITY, FL 32401	
Title: Name: Address:	D (X NOLL, JAMES 620 MCKENZI		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GARY WAKSTEIN P 04/14/2009