

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000139508

1. Entity Name

B.D.M. INVESTMENT GROUP, INC.



Principal Place of Business

3515 N US HWY 17
DELAND, FL 32720 US

Mailing Address

3515 N US HWY 17
DELAND, FL 32720 US



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1717694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLEN, KENNETH W
591 LAKE PEARL DRIVE
LAKE HELEN, FL 32744

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRENNER, JON
STREET ADDRESS	850 CASSADAGA ROAD
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	VP
NAME	MULLEN, KENNETH W
STREET ADDRESS	591 LAKE PEARL DRIVE
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	S-T
NAME	DICKINSON, SCOTT
STREET ADDRESS	1755 SAND PINE TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80034-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Jon Brenner) 1-24-08
PRES.

Date

Daytime Phone #

386
985-5257