## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 18, 2008 08:00 A **DOCUMENT # P05000036001** Secretary of State 1. Entity Name B & M SALES OF THE SOUTH CO. Principal Place of Business Mailing Address 2827 CULLEN LAKE SHORE DRIVE 2827 CULLEN LAKE SHORE DRIVE ORLANDO, FL 33812 ORLANDO, FL 33812 03152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0979505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BYERS, EDNA C DO NOT WRITE 2827 CULLEN LAKE SHORE DRIVE ORLANDO, FL 33812 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 privide name of registered agent and title if applicable (NOTE: Registered Agent aignature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000863044 Added to Fe Trust Fund Contribution. 04/03/08-80076-010 158.75 10. OFFICERS AND DIRECTORS TIDE BYERS, EDNA C NAME STREET ADDRESS 2827 CULLEN LAKE SHORE DRIVE CITY-ST-7P ORLANDO, FL 32812 TITLE DINKLER, LEONARD R NAME STREET ADDRESS 1536 NW 7TH AVENUE CITY-ST-ZIP GAINESVILLE, FL 32603 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #