


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90180 012 \*\*\*150.00

<b>DOCUMENT # P05000056410</b>	
1. Entity Name B.D.M.F. CORP.	

Principal Place of Business 400 SOUTHY BAY ST 138 BUNNELL, FL 32110	Mailing Address 3281 GREEN ACRES RD SAINT AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box # 400 South Bay St.	3. Mailing Address
Suite, Apt. #, etc. Unit # 201	Suite, Apt. #, etc.
City & State Bunnell, Florida	City & State
Zip 32110	Country Flagler

40030110



02172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2686432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, TOMMIE L 3281 GREEN ACRES RD ST AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name Tonnie Campbell Street Address (P.O. Box Number is Not Acceptable) 3281 Green Acres Rd City St. Augustine FL Zip Code 32084
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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 Tonnie L Campbell DATE 04-12-2007

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPBELL, TONNIE L 3281 GREEN ACRES RD ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEARNS, MICHAEL S 3281 GREEN ACRES RD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tonnie L Campbell DATE 04-12-2007 DAYTIME PHONE # 904-209-7895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR