

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000024729

Entity Name: BPMP CONSULTING, INC.

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1708 BEACH PARKWAY  
UNIT 202  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1708 BEACH PARKWAY  
UNIT 202  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 20-4382444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, MARJORIE  
1708 BEACH PARKWAY  
APT 202  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: POWELL, MARJORIE  
Address: 1708 BEACH PARKWAY, UNIT 202  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD  
Name: POWELL, BILL  
Address: 1708 BEACH PARKWAY, UNIT 202  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: HERTZ, SCOTT J  
Address: 403 SW 49 LANE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: MARJORIE POWELL

PRES

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date