2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2008 8:00 am
Secretary of State
05-23-2008 90020 009 ***150.00

DOCUMENT # P07000080193

1. Entity Name
B.P. MATERIALS, INC.

Principal Place of Business	Mailing Address
5270 W BEAVER STREET JACKSONVILLE FL 32254	1349 EAGLE CROSSING DRIVE ORANGE PARK FL 32065

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 5270 W Beaver St	3. Mailing Address 1349 Eagle Crossing Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville	City & State Orange Park Fl.
Zip 32254 Country USA	Zip 32254 Country USA

4. FEI Number 13-4226076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARLOW, A WELLINGTON
1403 DUNN AVE
SUITE 17
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent
Name Adell Brown Mailing Addr
Street Address (P.O. Box Number is Not Acceptable) 1349 Eagle Crossing Dr.
City Orange Park FL Zip Code 32065

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Adell Brown 1349 Eagle Crossing Dr Orange Park Fl 32065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Freddie Lee Brown Jr Same Address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Adell Brown 4/30/08 434 9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #