

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003063

FILED
May 10, 2006
Secretary of State

Entity Name: B & M ASSOCIATES INC. OF DESTIN

Current Principal Place of Business:

181 LYNN DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

4673 EAST HWY 20
NICEVILLE, FL 32578

Current Mailing Address:

181 LYNN DRIVE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

4673 EAST HWY 20
NICEVILLE, FL 32578

FEI Number: 05-0387371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUCCA, MARK
181 LYNN DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

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: KEVIN M. HELMICH

05/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ADAMS, RONALD
Address: 46 LAKEVIEW BEACH DRIVE
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: ADAMS, MAUREEN
Address: 46 LAKEVIEW BEACH DRIVE
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: DE LUCCA, MARK
Address: 309 OAKLAKE LN
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ADAMS, RONALD G
Address: 46 LAKEVIEW BEACH DRIVE
City-St-Zip: DESTIN, FL 32541

Title: PD (X) Change () Addition
Name: ADAMS, MAUREEN A
Address: 46 LAKEVIEW BEACH DRIVE
City-St-Zip: DESTIN, FL 32541

Title: TD (X) Change () Addition
Name: DELUCCA, MARK
Address: 309 OAKLAKE LANE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD G. ADAMS

D

05/10/2006

Electronic Signature of Signing Officer or Director

Date