

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003063

FILED
Feb 02, 2007
Secretary of State

Entity Name: B & M ASSOCIATES INC. OF DESTIN

Current Principal Place of Business:

4673 EAST HWY 20
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4673 EAST HWY 20
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 05-0387371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: TD () Delete
Name: DELUCCA, MARK
Address: 309 OAKLAKE LANE
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: MIRAMAR BEACH, FL 32541

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

Title: PD (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

SD

02/02/2007

Electronic Signature of Signing Officer or Director

Date