

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000051231

1. Entity Name
BMP, INC.



Principal Place of Business
**125 NORTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32115-2140**

Mailing Address
**POST OFFICE DRAWER 2140
DAYTONA BEACH, FL 32115-2140**



DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3197668

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**BERRIEN, BECKS J
125 N. RIDGEWOOD AVE
DAYTONA BCH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2006 Fee will be \$550.00**

11. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	BECKS, BERRIEN JR
STREET ADDRESS	125 N RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL
TITLE	VPSD
NAME	SCHNEBLY, CONNIE B.
STREET ADDRESS	125 N RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL
TITLE	TD
NAME	BECKS, JENNIFER C
STREET ADDRESS	125 NORTH RIDGEWOOD AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 321152140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000512035
04/29/06-80076-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-06 (386) 252-2000