# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2007 08:00 A**
**Secretary of State**

DOCUMENT # P93000051231

1. Entity Name
BMP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 125 NORTH RIDGEWOOD AVENUE<br>DAYTONA BEACH, FL 32115-2140 | POST OFFICE DRAWER 2140<br>DAYTONA BEACH, FL 32115-2140 |

DO NOT WRITE IN THIS SPACE

04182007 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

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| 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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** By: _____ Berrien H Becks Jr 4/19/07 (386) 252 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #