

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3197668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BERRIEN, BECKS J 125 N. RIDGEWOOD AVE DAYTONA BCH, FL 32114	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000912694 05/07/08-80090-013 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKS, BERRIEN JR 125 N RIDGEWOOD AVE DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SCHNEBLY, CONNIE B. 125 N RIDGEWOOD AVE DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKS, JENNIFER C 125 NORTH RIDGEWOOD AVENUE 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	

**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: Berrien H Becks Jr **4-17-08 386 252 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #