2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000069872

1. Entity Name
BPM, INC.

Principal Place of Business	Mailing Address
2320 AZALEA CT	2320 AZALEA CT
LAKELAND, FL 33815-0000 US	LAKELAND, FL 33815-0000 US

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0446300	Not Applicable

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

6. Name and Address of Current Registered Agent

WILCOX, JOHN G
2320 AZALEA CT
LAKELAND, FL 33815-0000

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_____

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILCOX, JOHN G
STREET ADDRESS	2320 AZALEA CT
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	
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00000149153
05/03/04-80176-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _John Wilcox_   04-30-04   813-68-9243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #