

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022329

Entity Name: BJM CONSULTING, INC.

FILED
Jul 11, 2005
Secretary of State

Current Principal Place of Business:

12920 SANDPOINT CT
FORT MYERS, FL 33919 US

New Principal Place of Business:

2061 CAPE HEATHER CIRCLE
CAPE CORAL, FL 33991 US

Current Mailing Address:

P.O. BOX 101655
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0484391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARCHOL, MARTHA S
1633 SE 4 7TH TERRACE
CAPE CORAL, FL 33904 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MAZURKIEWICZ, JOSEPH M JR
Address: PO BOX 101655
City-St-Zip: CAPE CORAL, FL 33910 US

Title: DVPT () Delete
Name: MAZURKIEWICZ, HEATHER L
Address: PO BOX 101655
City-St-Zip: CAPE CORAL, FL 33910 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER L. MAZURKIEWICZ

DVPT

07/11/2005

Electronic Signature of Signing Officer or Director

_____ Date