

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025322

FILED
Apr 05, 2005
Secretary of State

Entity Name: BMD, INC.

Current Principal Place of Business:

6163 JOE JEFF STREET
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

6163 JOE JEFF STREET
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 65-0478627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRACASSI, GARY A
218 S. BUMBY AVE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONEY, BENJAMIN
Address: 1383 TROPICAIRES BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: S () Delete
Name: MONEY, JOY D
Address: 1383 TROPICAIRES BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: MONEY, KEITH A
Address: 3081 ULMANN AVE
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: MONEY, GERALD W
Address: 3705 ULMANN AVE
City-St-Zip: NORTH PORT, FL 34286

Title: T () Delete
Name: FANNING, BECKY D
Address: 2639 YACOLT AVE
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: FANNING, MARK
Address: 2639 YACOLT AVE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BECKY D. FANNING

T

04/05/2005

Electronic Signature of Signing Officer or Director

Date