


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000002450	
1. Entity Name BMCH, INC.	

Principal Place of Business 303 SE 17TH ST UNIT 308 OCALA, FL 34471 US	Mailing Address 303 SE 17TH ST UNIT 308 OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3287959	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBERT W HERNDON
303 SE 17TH ST
UNIT 308
OCALA, FL 34471

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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 re-stating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNDON, ROBERT W 303 SE 17TH STREET, UNIT 308 OCALA, FL 344714423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNDON, PAULA B 303 SE 17TH STREET, UNIT 308 OCALA, FL 344714423
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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: Paula Herndon Paula Herndon V.Pres. 1-27-06 352-690-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #