
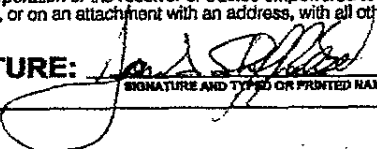


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000054815</b>		
1. Entity Name B.M.M.S. PROPERTIES, INC.		
Principal Place of Business 1431 TROUT DRIVE PANAMA CITY, FL 32411	Mailing Address P.O. BOX 28329 PANAMA CITY, FL 32411	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SHEFFIELD, JOSEPH A 1431 TROUT DRIVE PANAMA CITY, FL 32411		<b>DO NOT WRITE IN THIS SPACE</b>
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, RONNIE G. 3121 CLUB DRIVE MARIANNA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, ROBERT D. 62 SHERWOOD DR MURPHY, NC 28906	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEFFELD, JOSEPH A. PO BOX 28329 PANAMA CITY, FL 32441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JOSEPH A. SHEFFELD		04/24/06 (850) 233-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3357383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/09/06-80031-005 150.00

**DO NOT WRITE  
IN THIS SPACE**