

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000054815

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**

FILED
Apr 04, 2007 08:00 A
Secretary of State



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3357383

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEFFIELD, JOSEPH A
1431 TROUT DRIVE
PANAMA CITY, FL 32411**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80003-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

03/28/07

850-233-0956