2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000021426

FILED Feb 25, 2008 08:00 AN Secretary of State

DOCOMENT #1 57 00002 1420
1. Entity Name
BP PROPERTY INVESTMENTS, INC.



Principal Place of Business 205 16TH AVE NORTHEAST ST PETERSBURG, FL 33704 Mailing Address

109 36TH AVE NORTHEAST ST PETERSBURG, FL 33704



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02202008	No Chg-P	CR2E034 (11/05)

4. FEI Number 59-3433473 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BROWN, BOZIDAR W 109 36TH AVE NORTHEAST

DO NOT WRITE

	SBURG, FL 33704	IN THIS SPACE			
	named entity submits this statement for the purpose of changing its register ons of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.	Taras ::::			
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PESEV-LUKAC, PENKA B 1244 35TH AVENUE NORTH ST PETERSBURG, FL 33704	U00000838457			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, BOZIDAR W 109 36TH AVE NORTHEAST ST PETERSBURG, FL 33704	03/05/08-80031-017 150.00			
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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:	502	Bozidar W.	Brown	2 - 20 - 68	727-821-97	57
	SIGNATURE AND TYPED OR PRINTE	NAME OF BIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	