

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

ÜNÝËÓÒÌ ý P97000063296
 1. Entity Name
 BSM PROPERTIES INC.



Principal Place of Business: 2706 ORLANDO DR, SANFORD, FL 32732
 Mailing Address: 2706 ORLANDO DR, SANFORD, FL 32732

DO NOT WRITE IN THIS SPACE



01072005 0±Ý.1Ð ÝÍ i Üöi i d dÑi +

4. FEI Number: 59-3504916 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 B ¼¼ ¼ P¼
 0. . . . ¼ ¼

6. Name and Address of Current Registered Agent
 MORAR, GOVIND
 2706 ORLANDO DR
 SANFORD, FL 32732

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: _____ (NOTE Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 0¼ P.
 B ¼¼ ¼ ±¼ ±¼

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORAR, GOVIND
STREET ADDRESS	2706 ORLANDO DR
CITY-ST-ZIP	SANFORD, FL 32732
TITLE	VD
NAME	MORAR, USHA
STREET ADDRESS	2706 ORLANDO DR
CITY-ST-ZIP	SANFORD, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Govind M. Morar 1/11/2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #