## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 24, 2005 08:00 AM

DOCUMENT # P98000091335  1. Entity Name B.P. SALES & MARKETING CONSULTANTS, INC.  Principal Place of Business Mailing Address			Secretary of State	
4152 PROC SARASOTA,		P O BOX 20969 Sarasota, FL 34276		 
DO NOT WRITE IN THIS SPAC			CE	03072005 No Chg-P CR2E034 (10/03)  4. FEI Number
	5. Name and Address of Current Regis	tered Agent	<del></del>	The second secon
PATRICK, CARL E ESQ. 6823 OLD RANCH RD SARASOTA, FL 34241			ı	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 II applicable. (NOTE, Registered Agent signature required when reinstating)  DATE				
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ing _ \$5.0	.00 May Be led to Fees
10.	OFFICERS AND DIREC	TORS	TO CONTRACT OF STREET	THE RESERVE OF THE PROPERTY OF
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLUMMER, ROBERT D 4152 PROCTOR RD SARASOTA, FL 34233	Section 1	··· • · · · · · · · · · · · · · · · ·	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * *		IN THIS SPACE
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name Street adoress City-St-Zip			İ	
TITLE NAME STREET ADDRESS ( CITY - ST-ZIP	77. 11. 11. 11. 11. 11. 11. 11. 11. 11.			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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 tike empowered.

SIGNATURE:

3-17-05
941-923-3209

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 941-923-3209

Daylime Phone #