


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90357 032 \*\*\*150.00

**DOCUMENT # P99000025980**

1. Entity Name  
**B.M.P. & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**2164 GROUND SQUIRREL DR  
 NEW PORT RICHEY, FL 34655**      **2164 GROUND SQUIRREL DR  
 NEW PORT RICHEY, FL 34655**

*44041619*



2. Principal Place of Business      3. Mailing Address

**3877 DARSTON ST**      **3877 DARSTON ST**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04282004    Chg-P    CR2E034 (10/03)

City & State      City & State

**PALM HARBOR FLORIDA**      **PALM HARBOR FLORIDA**

Zip      Country      Zip      Country

**34685**      **USA**      **34685**      **USA**

4. FEI Number      Applied For

**59-3563811**       Not Applicable

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

6. Name and Address of Current Registered Agent

**POLOWNIAK, JOHN R  
 2164 GROUND SQUIRREL DR  
 NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name      **JOHN R. POLOWNIAK**

Street Address (P.O. Box Number is Not Acceptable)

**3877 DARSTON ST**

City      State      Zip Code

**PALM HARBOR      FL      34685**

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: *John R. Polowniak*      **JOHN R. POLOWNIAK**      DATE: **4/28/04**

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, 2004 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               | <input type="checkbox"/> Delete |
|-------|----------------------|-------------------------|---------------------------|---------------------------------|
| PS    | POLOWNIAK, JOHN R    | 2164 GROUND SQUIRREL DR | NEW PORT RICHEY, FL 34655 | <input type="checkbox"/>        |
| VP    | POLOWNIAK, BRIDGET M | 2164 GROUND SQUIRREL DR | NEW PORT RICHEY, FL 34655 | <input type="checkbox"/>        |
|       |                      |                         |                           | <input type="checkbox"/>        |
|       |                      |                         |                           | <input type="checkbox"/>        |
|       |                      |                         |                           | <input type="checkbox"/>        |
|       |                      |                         |                           | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS         | CITY-ST-ZIP                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------|------------------------------|--|-----------------------------------|
|       |      | <b>3877 DARSTON ST</b> | <b>PALM HARBOR, FL 34685</b> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      | <b>3877 DARSTON ST</b> | <b>PALM HARBOR FL 34685</b>  | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                              | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                              | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                              | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                              | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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 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: *John R. Polowniak*      **JOHN R. POLOWNIAK**      DATE: **4/28/04**      (727) 741-5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #