


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State


05-29-2008 90198 032 ***150.00

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| DOCUMENT # P99000045042 |  |
| 1. Entity Name B.J.M. AT LAKEWOOD RANCH, INC. | |

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| Principal Place of Business 8386 MARKET STREET BRADENTON, FL 34202 | Mailing Address 8386 MARKET STREET BRADENTON, FL 34202 |
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| 2. Principal Place of Business - No P.O. Box # 8386 Market St | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Bradenton, FL | City & State |
| Zip 34202 | Country USA |

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| 04112008 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 65-0925413 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MONTGOMERY, RANDALL 10078 GLENMORE AVE BRADENTON, FL 34202 | |
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| 7. Name and Address of New Registered Agent Name KUSTES SPATA Street Address (P.O. Box Number is Not Acceptable) 3837 Easton St City Sarasota FL Zip Code 34238 | |
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| 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: <u>Randall Montgomery</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTGOMERY, RANDALL F 10078 GLENMORE AVE BRADENTON, FL 34202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTGOMERY, CYNTHIA F 10078 GLENMORE AVE BRADENTON, FL 34202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KUSTES SPATA 3837 Easton St. Bradenton, FL 34202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Randall Montgomery</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date <u>5/1/08</u> Daytime Phone # <u>941-907-2888</u> |