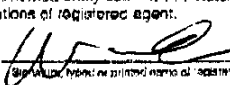
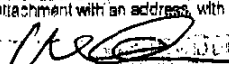


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SPEEDWAY B

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 042 ***150.00

DOCUMENT # P99000100437			
1. Entity Name B AND M CONSTRUCTION, INC. OF TITUSVILLE			
Principal Place of Business 3540 VON-STUBEN COURT TITUSVILLE, FL 32796		Mailing Address 3540 VON-STUBEN COURT TITUSVILLE, FL 32796	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3809025		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, LOIS M 3540 VON-STUBEN COURT TITUSVILLE, FL 32796		Name William A. Gray II Street Address (P.O. Box Number is Not Acceptable) 3540 Von-Stuben Court City Titusville FL Zip Code 32796	
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 		DATE 8-19-05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice...			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME GRAY, WILLIAM A II STREET ADDRESS 3540 VON-STUBEN COURT CITY-ST-ZIP TITUSVILLE, FL 32796		TITLE ☐ Change ☐ Addition NAME GRAY, WILLIAM A II STREET ADDRESS 3540 VON-STUBEN COURT CITY-ST-ZIP TITUSVILLE, FL 32796	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: 		DATE 8-19-05 321) 463-6777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

50063259



08182005 Chg-P CR26034 (10/03)