

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90442 038 \*\*\*150.00

**DOCUMENT # V65712**

1. Entity Name  
B.W.M., INC.



Principal Place of Business  
920 EMERALD ROW  
GULFSTREAM, FL 33483 US

Mailing Address  
920 EMERALD ROW  
GULFSTREAM, FL 33483 US



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0332254

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BODE, MARK W  
920 EMERALD ROW  
GULFSTREAM, FL 33483

**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

*Mark Bode*

4-20-05

Signature, typed or printed name of registered agent and fee if applicable.

(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 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PDV
NAME	BODE, MARK
STREET ADDRESS	920 EMERALD ROW
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	ST
NAME	BODE, CRAIG
STREET ADDRESS	920 EMERALD ROW
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	PRESIDENT
NAME	<del>MARK</del> BODE, MARK
STREET ADDRESS	920 EMERALD ROW
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	VICE PRESIDENT
NAME	BODE, CRAIG
STREET ADDRESS	920 EMERALD ROW
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	SECRETARY, TREASURER
NAME	BODE, CONGETTA RAFAELLA
STREET ADDRESS	920 EMERALD ROW
CITY-ST-ZIP	GULFSTREAM, FL 33483
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)(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:

*MARK BODE*

4-20-05 561 276 9278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #