


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90023 011 ***150.00

DOCUMENT # V65712

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



Principal Place of Business Mailing Address

920 EMERALD ROW 920 EMERALD ROW
 GULFSTREAM FL 33483 GULFSTREAM FL 33483
 US US



2. Principal Place of Business 3. Mailing Address

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

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0332254 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

7. Name and Address of New Registered Agent

Name **CRAIG BODE CRAIG W**

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

City **GULF STREAM** FL Zip Code **33483**

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 **CRAIG W. BODE, PRESIDENT** *Craig Bode* 1-25-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BODE, MARK	
STREET ADDRESS	9200 EMERALD ROW	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BODE, CRAIG	
STREET ADDRESS	920 EMERALD ROW	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BODE, CONCETTA	
STREET ADDRESS	920 EMERALD ROO	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODE, CRAIG	
STREET ADDRESS	920 EMERALD ROW	
CITY-ST-ZIP	GULF STREAM, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **CRAIG W BODE, PRESIDENT** *Craig Bode* 1-25-06 561

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

276
927