

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90391 038 ***150.00

DOCUMENT # P02000075481	
1. Entity Name BGL ENTERPRISES, INC.	

Principal Place of Business BASS AND SANDFORT ACCOUNTANTS PA 1301 WEST GARDEN STREET PENSACOLA, FL 32501	Mailing Address BASS AND SANDFORT ACCOUNTANTS PA 1301 WEST GARDEN STREET PENSACOLA, FL 32501
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 192 N PALAFOX	Suite, Apt. #, etc. 192 N PALAFOX
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City & State PENSACOLA FL	City & State PENSACOLA FL
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Zip 32502	Country	Zip 32502	Country
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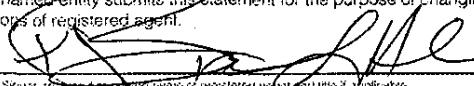
04012004 Chg-P CR2E034 (10/03)

4. FEI Number 76-0702807	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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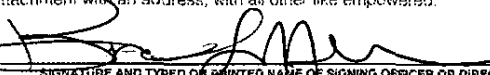
6. Name and Address of Current Registered Agent SANDFORT, SCOTT BASS AND SANDFORT ACCOUNTANTS PA 1301 WEST GARDEN STREET PENSACOLA, FL 32501	
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7. Name and Address of New Registered Agent Name BRANDON ALLEN Street Address (P.O. Box Number is Not Acceptable) 192 N PALAFOX City PENSACOLA FL Zip Code 32502	
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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  DATE 4/1/04	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD ALLEN, BRANDON 192 N. PALAFOX PENSACOLA, FL 32501 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD ANDREWS, DANNY 192 N. PALAFOX PENSACOLA, FL 32501 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: 	Date 4/1/04 Daytime Phone #