


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 346288</b> 1. Entity Name B G C INC	
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Principal Place of Business 16210 US HWY 19 HUDSON, FL 34667 US	Mailing Address 16210 US HWY 19 HUDSON, FL 34667 US
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**DO NOT WRITE IN THIS SPACE**

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1262588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEOLI, SAM JR  
8413 JACARANDA AVE  
SEMINOLE, FL 33777

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	000000073053 03/02/04-80021-004 600.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, BILL H. 700 HUNT ROAD TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, BILLY JOE 16210 US HWY 19 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZEOLI, SAM JR 8413 JACARANDA AVE SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Bill Hunt Billy Joe Thompson 2-20-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #