

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 501461

1. Entity Name
BGRUSAW, INC.



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90533 041 ***150.00

Principal Place of Business
N FOREST RIDGE BV
PO BOX 640340
BEVERLY HILLS, FL 34464

Mailing Address
N FOREST RIDGE BV
PO BOX 640340
BEVERLY HILLS, FL 34464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1658210

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

RUSAW, ERNEST G.
1285 N. SELKIRK PT.
CRYSTAL RIVER, FL 32629

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RUSAW, ERNEST G.
STREET ADDRESS 1285 N SELKIRK PT.
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME RUSAW, BRIGITTE
STREET ADDRESS 1285 N SELKIRK PT.
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CROSLEY, MARGIE G
STREET ADDRESS 1744 E BISMARCK ST
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 5522 N LENA DRIVE (P O BOX 640670)
CITY-ST-ZIP BEVERLY HILLS, FL 34465

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

04/21/04

Date

352/746-6500

Daytime Phone #