

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90246 024 ***150.00

DOCUMENT # 555352

1. Entity Name
B.H.G., INC.



Principal Place of Business
700 S. SCENIC HIGHWAY
P.O. BOX 368
FROSTPROOF, FL 33843

Mailing Address
700 S. SCENIC HIGHWAY
P.O. BOX 368
FROSTPROOF, FL 33843

40000103



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1803576

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HURST, STEWART W
335 ALTERNATE 27 SOUTH
BABSON PARK, FL 33827

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, 2007 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 PD ☐ Delete
NAME GRIFFIN, BEN H III
STREET ADDRESS 425 N LAKE REEDY BLVD.
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE C/P/D ☒ Change ☐ Addition
NAME GRIFFIN, BEN H III
STREET ADDRESS 425 N LAKE REEDY BLVD
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE VD ☐ Delete
NAME GRIFFIN, BEN H IV
STREET ADDRESS 1 BRACRES LANE
CITY-ST-ZIP FROSTPROOF, FL 33843

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

TITLE D ☐ Delete
NAME HURST, STEWART W
STREET ADDRESS 335 ALTERNATE 27 SOUTH
CITY-ST-ZIP BABSON PARK, FL 33827

TITLE T/D ☒ Change ☐ Addition
NAME HURST, STEWART W
STREET ADDRESS 335 ALTERNATE 27 SOUTH
CITY-ST-ZIP BABSON PARK, FL 33827

TITLE S ☐ Delete
NAME RESPRESS, DONNA H
STREET ADDRESS 801 CLINCH LAKE BLVD
CITY-ST-ZIP FROSTPROOF, FL 33843

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

TITLE D ☐ Delete
NAME MOONEY, GENE
STREET ADDRESS 1139 S LAKE REEDY RD
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE V/D ☒ Change ☐ Addition
NAME MOONEY, GENE
STREET ADDRESS 1139 S LAKE REEDY BLVD
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE D ☒ Delete
NAME HENDRY, LLOYD
STREET ADDRESS 14631 ORANGE RIVER RD
CITY-ST-ZIP FORT MYERS, FL 33905

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 exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/07

Date

863/635-2251

Daytime Phone #