

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 838966**

1. Entity Name  
**THE B G SERVICE COMPANY, INC.**



**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1400 ALABAMA AVE  
P.O. BOX 2259  
WEST PALM BEACH, FL 33402**

Mailing Address  
**1400 ALABAMA AVE  
P.O. BOX 2259  
WEST PALM BEACH, FL 33402**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-1734357**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FROST, EDWIN L.  
THE PIONEER COMPLEX, UNIT NO. 15  
1400 ALABAMA AVE.  
WEST PALM BCH, FL 33402**

**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

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FROST, EDWIN L. 1660 SOUTH AIA, # 152 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROST, JOHN H. 2811 BANYAN BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROST, MARJORIE W. 1660 S AIA #152 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FROST, MARY E. 2811 BANYAN BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000030809  
02/04/04-80123-022 150.00

**DO NOT WRITE  
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)(f), 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

**John H. Frost 1/27/04**

Date

Daytime Phone #

**561 659 1471**