2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am **DOCUMENT #838966** 1. Entity Name **Secretary of State** THE B G SERVICE COMPANY, INC. 02-03-2005 90027 036 ***150.00 Mailing Address Principal Place of Business 1400 ALABAMA AVE 1400 ALABAMA AVE P.O. BOX 2259 P.O. BOX 2259 WEST PALM BEACH, FL 33402 WEST PALM BEACH, FL 33402 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-1734357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FROST, EDWIN.L.. THE PIONEER COMPLEX, UNIT NO. 15 DO NOT WRITE 1400 ALABAMA AVE. IN THIS SPACE WEST PALM BCH, FL 33402 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE FROST, EDWIN L. NAME STREET ADDRESS 1660 SOUTH AIA, # 152 CITY-ST-ZIP JUPITER, FL IIILE PD FROST, JOHN H. NAME STREET ADDRESS 2811 BANYAN BLVD. **BOCA RATON, FL** CITY-ST-7IP SD TIDE FROST, MARJORIE W. NAME STREET ADDRESS 1660 S'AIA'#152 DO NOT WRITE CITY-ST-ZIP JUPITER, FL IN THIS SPACE TD TITLE FROST, MARY E. STREET ADDRESS 2811 BANYAN BLVD. CITY-ST-7IP **BOCA RATON, FL** NAME STREET ADDRESS

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 s, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

561 659 1471