


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 838966 1. Entity Name THE B G SERVICE COMPANY, INC.	
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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
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DO NOT WRITE IN THIS SPACE



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1734357	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

U000000570383
07/14/06-80013-015 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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	

**DO NOT WRITE
IN THIS SPACE**

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

JOHN H. Frost

7-11-6

Date

561 659 1471

Daytime Phone #