


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
COPY of State

DOCUMENT # J23351
 1. Entity Name
 BGA, INC.



Principal Place of Business
 3550 W. WATERS AVENUE
 TAMPA, FL 33614 US

Mailing Address
 C/O L. CASSERLY
 3550 W. WATERS AVE
 TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2744498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CASSERLY, LINDA M
 3550 W. WATERS AVE.
 TAMPA, FL 33614

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD GIBSON, MICHAEL W 3550 W. WATERS AVE. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAH, SUNIL A 3550 W WATERS AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWTON, ERIC B 3550 W WATERS AVE TAMPA, FL 33614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: ERIC B. LAWTON 01-04-05 813-375-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #