

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L89786

1. Entity Name
BGM MINING, INC.



Principal Place of Business
**801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO, FL 32803**

Mailing Address
**801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO, FL 32803**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3017977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C.E. BROOKS
801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO, FL 32803**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000355874
05/04/05 00013 000 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOKS, CHARLES E.
STREET ADDRESS 801 N. MAGNOLIA AVE #401
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VD
NAME GARNER, JOHN MICHAEL
STREET ADDRESS 117 PLANTERS ROW EAST
CITY-ST-ZIP PONTE VEDRA BEACH, FL

TITLE VD
NAME MCCLANAHAN, BILL L.
STREET ADDRESS 887 GEORGIA AVENUE
CITY-ST-ZIP WINTER PARK, FL

TITLE ST
NAME BROOKS, CYNTHIA M.
STREET ADDRESS 801 N. MAGNOLIA AVE #401
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE: Cynthia M. Brooks S.V.P. **Cynthia M. Brooks** 4/27/05 (407) 422-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #