

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # P00000033951

1. Entity Name

B.G.T.APARTMENTS INC.



Principal Place of Business

565 DR. MMB BLVD.  
DAYTONA BEACH FL 32115

Mailing Address

P O BOX 2004  
DAYTONA BEACH FL 32115



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number 59-1117484

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBLE, FRED  
565 DR. MARY MCCLEOD-BETHUNE BLVD.  
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME TAYLOR, ROOSEVELT  
STREET ADDRESS 624 SHADY PLACE  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME GAMBLE, FRED  
STREET ADDRESS 563 FRED GAMBLE WAY  
CITY-ST-ZIP ORMOND BEACH FL 32173 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000000872775  
04/10/08-80050-020 150.00

TITLE SD  
NAME GAMBLE, CATHERINE  
STREET ADDRESS 563 FRED GAMBLE WAY  
CITY-ST-ZIP ORMOND BEACH FL 32173 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME TAYLOR, MARY  
STREET ADDRESS 624 SHADY PLACE  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Fred Gamble*

Fred Gamble 01/06/08 336-250-1335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #