

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033951

Entity Name: B.G.T.APARTMENTS INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

565 DR. MMB BLVD.
DAYTONA BEACH, FL 32115

New Principal Place of Business:

565 DR. MMB BLVD.
DAYTONA BEACH, FL 32114

Current Mailing Address:

P O BOX 2004
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-1117484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, ROOSEVELT
Address: 624 SHADY PLACE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD () Delete
Name: GAMBLE, FRED
Address: 563 FRED GAMBLE WAY
City-St-Zip: ORMOND BEACH, FL 32173

Title: SD () Delete
Name: GAMBLE, CATHERINE
Address: 563 FRED GAMBLE WAY
City-St-Zip: ORMOND BEACH, FL 32173

Title: TD () Delete
Name: TAYLOR, MARY
Address: 624 SHADY PLACE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROOSEVELT TAYLOR

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date