2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 08:00 AM Secretary of State

DOCUMENT # P0000004688 1. Entity Name BGUS, INC.	4				_	
6742 LEMON TREE DRIVE	ailing Address 5742 LEMON TREE DRIVE AKELAND, FL 33813					
DO NOT WRITE II	CE	01082004 4. FEI Numb 65-101	No Chg-P	CR2E034 (10	,	
6. Name and Address of Current Regis	tered Agent					
GOLD, AARON J C/O GOLD, RESNICK & FICARROTTA, P.A. 704 WEST BAY STREET TAMPA, FL 33606	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, speed or printed came of registered agent and tills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution,		.00 May Be ed to Fees	U0000 02/04/04) 1-80062-02	4 150.00
10. OFFICERS AND DIRECT INTE. NAME BROWN, JAMES H STREET ADDRESS 6742 LEMON TREE DRIVE CITY-ST-27P LAKELAND, FL 33813	CTORS	~ ~ ~ ~ ~				
INLE D NAME BROWN, BETTY STREET ADDRESS 6742 LEMON TREE DRIVE CITY-SI-ZP LAKELAND, FL 33813	. <u></u>				·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE				
TITLE		1				

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CHY-ST-DP TITLE NAME STREET ADDRESS CITY-SY-ZIP

MENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

863-709-8842

Daytime Phone #