


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 004 ***150.00

DOCUMENT # P0000050626

1. Entity Name
B & G ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address

4270 N. ROAD 98 **4270 N. ROAD 98**
LAKELAND, FL 33810 **LAKELAND, FL 33810**

2. Principal Place of Business 3. Mailing Address

5614 BLOOMFIELD BL. **SAME AS #2**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LAKELAND, FL **FL**

Zip Country Zip Country

33810 **USA**



04242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

WALKER, BARBARA D
5614 BLOOMFIELD BLVD.
LAKELAND, FL 33810

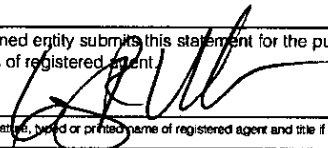
7. Name and Address of New Registered Agent

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  DATE **4/26/04**

Signature, word 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, 2004 Fee will be \$550.00

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

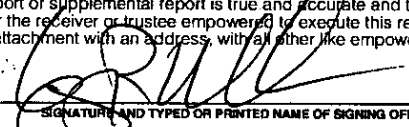
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER, GARY R	
STREET ADDRESS	4270 N. ROAD 98	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WALKER, BARBARA D	
STREET ADDRESS	4270 N. ROAD 98	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5614 BLOOMFIELD BL	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5614 BLOOMFIELD BL	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **4/26/04** DAYTIME PHONE # **863-698-0893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR