

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050626

FILED
Apr 20, 2005
Secretary of State

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

Current Principal Place of Business:

5614 BLOOMFIELD BL.
LAKELAND, FL 33810

New Principal Place of Business:

6746 KRENSON OAKS CIRCLE
LAKELAND, FL 33810

Current Mailing Address:

5614 BLOOMFIELD BL.
LAKELAND, FL 33810

New Mailing Address:

P.O. BOX 321
KATHLEEN, FL 33849

FEI Number: 59-3650661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALKER, BARBARA D
6746 KRENSON OAKS CIRCLE
LAKELAND, FL 33810 US

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: _____

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, GARY R
Address: 5614 BLOOMFIELD BL.
City-St-Zip: LAKELAND, FL 33810

Title: VSTD () Delete
Name: WALKER, BARBARA D
Address: 5614 BLOOMFIELD BL.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, GARY R
Address: 6746 KRENSON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: VSTD (X) Change () Addition
Name: WALKER, BARBARA D
Address: 6746 KRENSON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY R WALKER

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date