


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000103676	
1. Entity Name BG LANDINGS, INC.	

Principal Place of Business 5514 PARK BLVD PINELLAS PARK, FL 33781	Mailing Address 5514 PARK BLVD PINELLAS PARK, FL 33781
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1088185	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ENGLANDER, LEONARD A
721 1ST AVE. NORTH
ST. PETERSBURG, FL 33701

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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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000051757 02/16/04-80063-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE PT	NAME BRODERICK, ROGER B
STREET ADDRESS 5514 PARK BLVD	CITY-ST-ZIP PINELLAS PARK, FL 33781
TITLE VPS	NAME GERNAZIAN, WILLIAM
STREET ADDRESS 5514 PARK BLVD	CITY-ST-ZIP PINELLAS PARK, FL 33781
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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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:  **1/13/04** **727-544-1403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #