

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059258

Entity Name: B-GERT INC.

FILED
Mar 12, 2006
Secretary of State

Current Principal Place of Business:

310 CAROL ST
WAYCROSS, GA 31501

New Principal Place of Business:

Current Mailing Address:

PO BOX 1414
WAYCROSS, GA 31502

New Mailing Address:

FEI Number: 59-3726259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DEBBIE L
1713 GEDDES LANE
FERNANDINA BCH, FL 32034 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: QUIRK, WILLIAM L
Address: 310 CAROL ST.
City-St-Zip: WAYCROSS, GA 31501

Title: VD () Delete
Name: JOHNSON, DEBBIE L
Address: 1713 GEDDES LANE
City-St-Zip: FERNANDINA BCH, FL 32034

Title: STD () Delete
Name: QUIRK, REBA G
Address: 310 CAROL ST.
City-St-Zip: WAYCROSS, GA 31501

Title: AVD () Delete
Name: QUIRK, THOMAS W
Address: 5849 E. MAIN ST
City-St-Zip: PATTERSON, GA 31557

Title: ASTD () Delete
Name: WILLYOUNG, REBECCA A
Address: 7635 TIMBERLINE PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

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:

Title: ASTD (X) Change () Addition
Name: BENNETT, REBECCA A
Address: 6655 DAVE BENNETT RD
City-St-Zip: WAYCROSS, GA 31501

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L. QUIRK

PRES

03/12/2006

Electronic Signature of Signing Officer or Director

_____ Date