

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000098304

1. Entity Name
BG AUTOMOTIVE AND MARINE SERVICES, INC.



Principal Place of Business
**161 US HIGHWAY 1
ROCKLAND KEY, SUITE 16
KEY WEST, FL 33040**

Mailing Address
**12245 STRATFORD DR.
CLIVE, IA 50325**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1525443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CREGER, D. JEFFERY
631 THOMAS STREET
APT # 2
KEY WEST, FL 33040**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CREGER, D. JEFFREY
STREET ADDRESS	631 THOMAS STREET, APT #2
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	DV
NAME	THOMAS, JAMES R
STREET ADDRESS	624 MATTHEWS - MINT HILL RD, SUITE 6-B
CITY - ST - ZIP	MATTHEWS, NC 28105
TITLE	S
NAME	THOMAS, KATHERINE B
STREET ADDRESS	624 MATTHEWS-MINT HILL RD, SUITE 6-B
CITY - ST - ZIP	MATTHEWS, NC 28105
TITLE	T
NAME	CREGER, HERMIEN
STREET ADDRESS	2378 NW 150TH STREET
CITY - ST - ZIP	CLIVE, IA 50325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000171651
09/03/04-80005-018 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-30-04