

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000008569		
1. Entity Name BGM ENTERPRISES INC.		
Principal Place of Business	Mailing Address	
164 DOUGLAS RD E OLDSMAR, FL 34677 US	164 DOUGLAS RD E OLDSMAR, FL 34677 US	



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0600210	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, BREWER G
2773 NORTHRIDGE DR. E
CLEARWATER, FL 33761

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, BREWER G 2773 NORTHRIDGE DR. E CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, BREWER G 2773 NORTHRIDGE DR. E CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, BREWER G 2773 NORTHRIDGE DR. E CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, BREWER G 2773 NORTHRIDGE DR. E CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 727 644 5444
Date Daytime Phone #