

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000008569

1. Entity Name
BGM ENTERPRISES INC.



Principal Place of Business

164 DOUGLAS RD E
OLDSMAR, FL 34677 US

Mailing Address

164 DOUGLAS RD E
OLDSMAR, FL 34677 US

FILED
Sep 12, 2008 08:00 AM
Secretary of State



09092008 No Chg-P CR2E034 (11/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

U00000959597

09/12/08-80003-008 158.75

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 either the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #