

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90008 019 ***150.00

DOCUMENT # P02000041446					
1. Entity Name B & G FLOOR ZONE INC.					
Principal Place of Business 495 ALICO-LIBBY RD BABSON PARK, FL 33827			Mailing Address 495 ALICO-LIBBY RD BABSON PARK, FL 33827		
2. Principal Place of Business 149 Tremont Dr.		3. Mailing Address 149 Tremont Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Haven, FL		City & State Winter Haven, FL		4. FEI Number 02-0600469	
Zip 33884		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WAGNER, ROBERT 495 ALICO-LIBBY RD BABSON PARK, FL 33827			7. Name and Address of New Registered Agent Name: ROBERT WAGNER Street Address (P.O. Box Number is Not Acceptable): 149 Tremont Drive City: Winter Haven FL Zip Code: 33884		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME WAGNER, ROBERT		<input type="checkbox"/> Delete		
STREET ADDRESS 495 ALICO-LIBBY RD	CITY-ST-ZIP BABSON PARK, FL 33827		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS 149 Tremont Drive		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	Winter Haven, FL 33884		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: Robert Wagner President 863-605-4141/06 Daytime Phone # 0473					