

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000110879

1. Entity Name  
BNG CONSTRUCTION INC.



Principal Place of Business  
210 BAMBOO DR  
SANFORD, FL 32773

Mailing Address  
210 BAMBOO DR  
SANFORD, FL 32773



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
16-1629649

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FULFORD, GREGORY S  
210 BAMBOO DR  
SANFORD, FL 32773

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	FULFORD, BETTINA A
STREET ADDRESS	210 BAMBOO DR
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	V
NAME	FULFORD, GREGORY S
STREET ADDRESS	210 BAMBOO DR
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000006104  
01/16/04-80021-019 150.00

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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04 407-668-1747