

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000009945

1. Entity Name

B & G COMPRESSOR SERVICE INC



Principal Place of Business

4355 US HWY 92 EAST
LAKELAND FL 33801
US

Mailing Address

4355 US HWY 92 EAST
LAKELAND FL 33801
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 71-0928940

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMICKLE, GARY P
4355 US HWY 92 EAST
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *GARY P. MCMICKLE*

PRESIDENT

4-11-07

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCMICKLE, GARY P ☐ Delete
STREET ADDRESS 5568 DEER TRACKS COURT
CITY-STATE-ZIP LAKELAND FL 33811

TITLE
NAME 000000710508 ☐ Change ☐ Addition
STREET ADDRESS 04/25/07-80049-013 150.00
CITY-STATE-ZIP

TITLE VP
NAME CLARK, WILLIAM M ☐ Delete
STREET ADDRESS 125 OWEN CIRCLE SOUTH
CITY-STATE-ZIP AUBURNDAL FL 33823

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gary P. McMickle

4-11-07

863-666-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #