

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023685

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: B & G ENTERPRISES OF COLLIER, INC.

## Current Principal Place of Business:

340 COLLINGWOOD AVE  
FAIRFIELD, CT 06825

## New Principal Place of Business:

## Current Mailing Address:

340 COLLINGWOOD AVE  
FAIRFIELD, CT 06825

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBSTER, RONALD S  
ROYAL PALM MALL  
985 N COLLIER BLVD  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARAPEZZI, RONALD F  
Address: 340 COLLINGWOOD AVE  
City-St-Zip: FAIRFIELD, CT 06825

Title: VT ( ) Delete  
Name: CARAPEZZI, WILLIAMS F  
Address: 1208 EDDINGTON PLACE, E 103  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VS (X) Delete  
Name: SQUICCIARINI, ARTHUR  
Address: 18829 HALYARD POINT LANE  
City-St-Zip: CORNELIUS, NC 28031

Title: V ( ) Delete  
Name: DUFFY, FREDIRICK  
Address: 7 ELMS RD  
City-St-Zip: MANAHAWKIN, NJ 08050

Title: S ( ) Delete  
Name: CARAPEZZI, NEWELL  
Address: 340 COLLINGWOOD AVE  
City-St-Zip: FAIRFIELD, CT 06825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARAPEZZI, WILLIAMS F

VT

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date