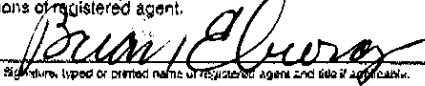


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91228 039 ***150.00

DOCUMENT # P03000043739			
1. Entity Name BGFP, INC.			
Principal Place of Business 606 CRESTGATE PLACE MILLERSVILLE, PA 17550		Mailing Address 606 CRESTGATE PLACE MILLERSVILLE, PA 17550	
2. Principal Place of Business 8250 S. HWY 17-92 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 300486 Suite, Apt. #, etc.	
City & State FERN PARK, FL Zip 32730 Country SEMINOLE		City & State FERN PARK, FL Zip 32730-0486 Country SEMINOLE	
4. FEI Number 51-0460474		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOONEY, MARK F. 1241 W. FLETCHER AVENUE TAMPA, FL 33612		7. Name and Address of New Registered Agent Name BRIAN E. GEORGE Street Address (P.O. Box Number is Not Acceptable) 8250 S. HWY 17-92 City FERN PARK FL Zip Code 32730	
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 		DATE 4/29/04	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRIAN E. GEORGE 8250 S HWY 17-92 FERN PARK, FL 32730 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRIAN E. GEORGE 8250 S. HWY 17-92 FERN PARK, FL 32730 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T, S SAME AS ABOVE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE 4/29/04 407.331.6211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRIAN E. GEORGE		Date Daytime Phone #	