04-30-'04 08:49 FROM-O'BAKER & ASSOCIATES 407-339-4205

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91228 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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~~

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8250 S. HWY 17.92	P.O. BOX 300486
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FERN PARK, FL	City & State: FERN PARK, FL
Zip: 32730 Country: SEMINOLE	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~~
~~1211 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: [signature] 4/29/04
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		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: [signature] 4/29/04 407.331.6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRIAN E. GEORGE