


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P04000019876	
1. Entity Name B & G ENTERPRISES OF ANNA MARIA, INC.	

Principal Place of Business 515 83RD ST HOLMES BEACH, FL 34217	Mailing Address 515 83RD ST HOLMES BEACH, FL 34217
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DO NOT WRITE IN THIS SPACE




04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0096173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPELAND, EUGENE H 515 83RD ST HOLMES BEACH, FL 34217

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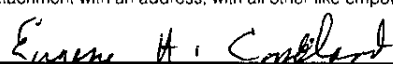
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COPELAND, EUGENE H 515 83RD ST HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHASEY, ROBERTA J 202 77TH ST HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/01/07-80086-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 04-18-07 991-778-7022 <small>Daytime Phone #</small>