

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058185

Entity Name: BGB & ASSOCIATES, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

14342 CLARKSON DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14342 CLARKSON DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-0955487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWES, BARBARA
14342 CLARKSON DRIVE
ORLANDO, FL 32828 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: PD () Delete
Name: BOWES, BARBARA
Address: 14342 CLARKSON DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: ELLEDGE, ANDREA H
Address: 14 HAWLEY ROAD
City-St-Zip: FAIRFAX, VT 05454

Title: VPD () Delete
Name: BOWES, RICHARD B
Address: 14342 CLARKSON DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: SD () Delete
Name: BOWES, BARBARA A
Address: 6106 AUBURN LANE
City-St-Zip: HAMPTON, VA 23666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: BOWES, RICHARD B
Address: 4670 LINKS VILLAGE DRIVE, C106
City-St-Zip: PONCE INLET, FL 32127

Title: SD (X) Change () Addition
Name: BOWES, BARBARA A
Address: 337 FAIRE CHASE
City-St-Zip: CHEASPEAKE, VA 23322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA BOWES

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date