

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 016 ***150.00

DOCUMENT # P04000078598

1. Entity Name

BG&A SPLICING INC.



Principal Place of Business

**2004 ASHLEY DRIVE
CHAMBERSBURG PA 17201
US**

Mailing Address

**2004 ASHLEY DRIVE
CHAMBERSBURG PA 17201
US**

00012783



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0395515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
CUBBEDGE, BRUCE D
2004 ASHLEY DRIVE
CHAMBERSBURG PA 17201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECR
CUBBEDGE, DEAN A
2004 ASHLEY DRIVE
CHAMBERSBURG PA 17201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
CUBBEDGE, ANGELICA J
2004 ASHLEY DRIVE
CHAMBERSBURG PA 17201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005
Date

(707) 203-7036
Daytime Phone #