

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90296 036 ***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

2. Principal Place of Business

27102 COUNTRY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2702 COUNTRY DRIVE

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

HILLIARD, FL

City & State

HILLIARD, FL

4. FEI Number

83-0395575

Applied For

Not Applicable

Zip

32046

Country

NASSAU

Zip

32046

Country

NASSAU

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006 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 PRES
CUBBEDGE, BRUCE D
STREET ADDRESS 2004 ASHLEY DRIVE
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☐ Delete

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

TITLE
NAME TREA
CUBBEDGE, ANGELICA J
STREET ADDRESS 2004 ASHLEY DRIVE
CITY-ST-ZIP 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 PRES
CUBBEDGE, BRUCE D.
STREET ADDRESS 27102 COUNTRY DRIVE
CITY-ST-ZIP HILLIARD FL. 32046 ☒ Change ☐ Addition

TITLE
NAME SECR
CUBBEDGE, DEAN A.
STREET ADDRESS 27102 COUNTRY DR.
CITY-ST-ZIP HILLIARD FL. 32046 ☒ Change ☐ Addition

TITLE
NAME TREA
CUBBEDGE, ANGELICA J.
STREET ADDRESS 27102 COUNTRY DRIVE
CITY-ST-ZIP HILLIARD, FL. 32046 ☒ Change ☐ Addition

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

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

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 exemptions contained in Section 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:

ANGELICA J. CUBBEDGE 4/20/2006 (904) 845-6909
TREA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #