2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000064503

1. Entity Name
BCG CAPITAL, INC.

Principal Place of Business	Mailing Address
500 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118	500 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118

04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0543560
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALLARD, GARY L
500 N. OLEANDER AVENUE
DAYTONA BEACH, FL 32118

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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 _____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000925664
05/20/08-80035-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALLARD, GARY L
STREET ADDRESS	500 N OLEANDER AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	V
NAME	GEORGE, NICHOLAS A
STREET ADDRESS	500 N OLEANDER AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	ST
NAME	CONDORODIS, JOHN P
STREET ADDRESS	4 W TOWER CIR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/24/08 (386) 253-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #