

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-09-2005 90051 036 ***150.00

DOCUMENT # P93000061028

1. Entity Name

B.S.G.L. ENTERPRISES, INC.



Principal Place of Business

**758 SUN TOP LN
BOYNTON BEACH FL 33436**

moved 9/15/04 (S)

Mailing Address

**758 SUN TOP LN
BOYNTON BEACH FL 33436**

2. Principal Place of Business

8562 LAWRENCE RD

Suite, Apt. #, etc.

3. Mailing Address

8562 LAWRENCE RD

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

33436

Country

PALM BEACH

City & State

Boynton Bch, FL

33436

Country

PALM BEACH

4. FEI Number

65-0430884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANTERRE, BRIGITTE

**758 SUN TOP LN
BOYNTON BEACH FL 33436**

8562 LAWRENCE RD

7. Name and Address of New Registered Agent

Brigitte SANTERRE B.S.G.L. Ent. Inc

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

8562 LAWRENCE RD

City

Boynton Beach FL

Zip Code

33436

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

Brigitte Santerre **BRIGITTE SANTERRE, president 1/30/05**

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 **P** ☐ Delete
NAME **SANTERRE, BRIGITTE**
STREET ADDRESS **758 SUN TOP LN 8562 LAWRENCE RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VP** ☐ Delete
NAME **LAROCHELLE, GUY**
STREET ADDRESS **758 SUN TOP LN 8562 LAWRENCE RD**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Brigitte Santerre* BRIGITTE SANTERRE PRESIDENT 1/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-735-3354