2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90092 026 ***150.00

DOCUMENT # P94000086411

1. Entity Name
B.B.C.G., INC.

Principal Place of Business
4168 CLEVELAND AVE.
FT. MYERS, FL 33901 US

Mailing Address
9280-7 COLLEGE PKWY
FT MYERS, FL 33919

J00022475

02182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0540654 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
COFFMAN, GORDON H
9280-7 COLLEGE PKWY
FT MYERS, FL 33919

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOSTER, GEORGIA G	NAME	
STREET ADDRESS	14552 AERIES WAY CT	STREET ADDRESS	same
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOSTER, ROBERT J	NAME	
STREET ADDRESS	14552 AERIES WAY CT	STREET ADDRESS	same
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SCHOENI, CAROL P	NAME	
STREET ADDRESS	~~1427 THISTLEDOWN WAY~~	STREET ADDRESS	2797 First St #304
CITY-ST-ZIP	~~FORT MYERS, FL 33901~~	CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SCHOENI, WILLIAM T	NAME	
STREET ADDRESS	~~1427 THISTLEDOWN WAY~~	STREET ADDRESS	2797 First St #304
CITY-ST-ZIP	~~FORT MYERS, FL 33901~~	CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Carol Schoeni — 2.18.05 — 239 939-4724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #