

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90035 020 ***150.00

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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

40019031



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	P. President
NAME	FOSTER, GEORGIA G
STREET ADDRESS	14552 AERIES WAY CT
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D. Vice President
NAME	FOSTER, ROBERT J
STREET ADDRESS	14552 AERIES WAY CT
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D. SECRETARY / TREASURER
NAME	SCHOENI, CAROL P
STREET ADDRESS	2797 FIRST ST. #304
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	DIRECTOR
NAME	SCHOENI, WILLIAM T
STREET ADDRESS	2797 FIRST ST #304
CITY-ST-ZIP	FORT MYERS, FL 33916
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-08

Date

Daytime Phone #

239-
980.8448