

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 038 ***158.75

DOCUMENT # P97000015786

1. Entity Name
BBG CONTRACTING GROUP, INC.



Principal Place of Business
10562 NEW KINGS ROAD
JACKSONVILLE, FL 32219

Mailing Address
10562 NEW KINGS ROAD
JACKSONVILLE, FL 32219

40003391



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3431360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
233 E BAY ST
SUITE #901
JACKSONVILLE, FL 32202

**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
NAME BENNETT, JUDSON B
STREET ADDRESS 10562 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE V
NAME BURNS, ANDREW L
STREET ADDRESS 10562 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ST
NAME GEIGER, LORIN L
STREET ADDRESS 10562 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/08 904-766-5800