

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 04, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P97000063825**

**1. Entity Name**

**B&G ACCEPTANCE CORP.**



**Principal Place of Business**

7100 W. CAMINO REAL  
SUITE 402  
BOCA RATON FL 33433  
US

**Mailing Address**

7100 W. CAMINO REAL  
SUITE 402  
BOCA RATON FL 33433  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

**4. FEI Number** 65-0771455

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

WALLACK, MICHAEL M  
SARASOTA CITY CENTER, SUITE 1100  
1819 MAIN STREET  
SARASOTA FL 34236

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**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P ☐ Delete  
NAME GROSS, LEONARD  
STREET ADDRESS 13020 S.HAMPTON DRIVE  
CITY- ST- ZIP BONITA SPRINGS FL 33923

TITLE VP ☐ Delete  
NAME BLOOM, ASLEY  
STREET ADDRESS 3450 SO OCEAN BLVD, APT 405  
CITY- ST- ZIP HIGHLAND BEACH FL 33487

TITLE ST ☐ Delete  
NAME BLOOM, DIANE  
STREET ADDRESS 1756 EAGLE TRACE BLVD.WEST  
CITY- ST- ZIP CORAL SPRINGS FL 33071

TITLE VP ☐ Delete  
NAME BLOOM, HOWARD  
STREET ADDRESS 1756 EAGLE TRACE BLVD.WEST  
CITY- ST- ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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

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**

*Ashtley Bloom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 501-417-7115  
Date Daytime Phone #