

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 010 ***158.75

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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

6600 W. ROGERS CIRCLE
Suite, Apt. #, etc.
Suite # 14

3. Mailing Address

6600 W. ROGERS CIRCLE
Suite, Apt. #, etc.
Suite # 14

1st MOORE

CR2E034 (10/05)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

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

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

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP ☒ Change ☐ Addition
NAME BLOOM, ASHLEY
STREET ADDRESS 6600 W. ROGERS CIRCLE SUITE #14
CITY-ST-ZIP BOCA RATON, FL-33487

TITLE ST ☒ Change ☐ Addition
NAME BLOOM, DIANE
STREET ADDRESS 6600 W. ROGERS CIRCLE SUITE #14
CITY-ST-ZIP BOCA RATON FL-33487

TITLE VP ☒ Change ☐ Addition
NAME BLOOM, HOWARD
STREET ADDRESS 6600 W. ROGERS CIRCLE SUITE #14
CITY-ST-ZIP BOCA RATON FL-33487

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 exemptions contained in Section 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

04/24/06 (561) 417-7115

Date

Daytime Phone #