

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90106 029 \*\*\*150.00

**DOCUMENT # P97000063825**

1. Entity Name  
**B&G ACCEPTANCE CORP.**



Principal Place of Business  
**6600 W. ROGERS CIRCLE STE #14  
BOCA RATON, FL 33487 US**

Mailing Address  
**6600 W. ROGERS CIRCLE STE #14  
SUITE 402  
BOCA RATON, FL 33487 US**

**40109422**



04102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**1801 Clint Moore Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1801 Clint Moore Rd**  
Suite, Apt. #, etc.

# **217**  
City & State  
**Boca Raton, FL**  
Zip **33487** Country

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GROSS, LEONARD 13020 S. HAMPTON DRIVE BONITA SPRINGS, FL 33923</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLOOM, ASHLEY 6600 W. ROGERS CIRCLE STE #14 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BLOOM, DIANE 6600 W ROGERS CIRCLE STE #14 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLOOM, HOWARD 6600 W ROGERS CIRCLE STE #14 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Bloom, Ashley 1801 Clint Moore Rd # 217 Boca Raton FL- 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Bloom, DIANE 1801 Clint Moore Rd # 217 Boca Raton FL- 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Bloom, Howard 1801 Clint Moore Rd # 217 Boca Raton FL- 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**04/11/07 (561) 912-0029**  
Date Daytime Phone #