


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90170 043 ***150.00

DOCUMENT # P97000063825	
1. Entity Name B&G ACCEPTANCE CORP.	

Principal Place of Business 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 US	Mailing Address 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 US
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60032782



2. Principal Place of Business - No P.O. Box # 5301 N. Federal Hwy Suite, Apt. #, etc. # 380	3. Mailing Address 5301 N. Federal Hwy Suite, Apt. #, etc. # 380
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02272008 Chg-P CR2E034 (12/06)

City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Zip 33487
Country	Country

4. FEI Number 65-0771455	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALLACK, MICHAEL M SARASOTA CITY CENTER, SUITE 1100 1819 MAIN STREET SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>W. Bloom</u>	DATE <u>03/01/08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSS, LEONARD 13020 S.HAMPTON DRIVE BONITA SPRINGS, FL 33923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOOM, ASHLEY 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOOM, ASHLEY 5301 N. Federal Hwy # 380 Boca Raton FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLOOM, DIANE 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLOOM, DIANE 5301 N. Federal Hwy # 380 Boca Raton, FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOOM, HOWARD 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOOM, HOWARD 5301 N. Federal Hwy # 380 Boca Raton, FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u>H. Bloom</u>	DATE <u>03/01/08</u> (561) 674-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	