

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000013030

1. Entity Name
B G R HOLDINGS INC.



Principal Place of Business
**7321-7335 9TH ST. N
SAINT PETERSBURG, FL 33702**

Mailing Address
**PO BOX 55086
ST. PETERSBURG, FL 33732**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3506322

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RANTZ, RICHARD
546 74 AVE N.
ST. PETERSBURG, FL 33702**

**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, 2004 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
**P
QUILLIN, THOMAS E
440 CAPRI WAY NE
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
QUILLIN, TRACEY
440 CAPRI WAY NE
ST. PETERBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
QUILLIN, TRACEY
440 CAPRI WAY NE
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/25/04-80022-001 150.00

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, without either like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E Quillin

3/16/04 727 5275 138

Date

Daytime Phone #