

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000105451

1. Entity Name
BFG ENTERPRISES, INC.



Principal Place of Business
9764 SILLS DR. EAST, #103
BOYNTON BEACH, FL 33437

Mailing Address
9764 SILLS DR. EAST, #103
BOYNTON BEACH, FL 33437



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, BRENDA F
9764 SILLS DR. EAST, #103
BOYNTON BEACH, FL 33437

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000877750
04/14/08-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOODMAN, BRENDA F
STREET ADDRESS 9764 SILLS DR. EAST, #103
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ST
NAME GOODMAN, JERRY
STREET ADDRESS 9764 SILLS DR. EAST, #103
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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: *Brenda F. Goodman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08
Date

Daytime Phone #