

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000106946

1. Entity Name
B & G PROPERTY SERVICES, INC.



Principal Place of Business
**9 THIRD STREET NORTH (209)
ST. PETERSBURG, FL 33701**

Mailing Address
**9 THIRD STREET NORTH (209)
ST. PETERSBURG, FL 33701**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612213	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GLAVINSKAS, TOMAS J
9 THIRD STREET NORTH (209)
ST. PETERSBURG, FL 33701**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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**

**U000000579256
01/09/07-80062-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLAVINSKAS, TOMAS J
STREET ADDRESS	14445 OAK GLEN DRIVE
CITY-ST-ZIP	LARGO, FL 33774

TITLE	D
NAME	BOBELIS, ALGIRDAS M
STREET ADDRESS	4010 BELLE VISTA DR.
CITY-ST-ZIP	ST. PETE BEACH, FL 33706

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Tomas J. Glavinskas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07
Date

727-822-5577
Daytime Phone #