

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S75989

1. Entity Name
B & G RESORTS MANAGEMENT, INC.



Principal Place of Business

**EBB TIDE MOTEL
12 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706 US**

Mailing Address

**EBB TIDE MOTEL
12 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706 US**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3080006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, CHRISTOPHER C P.A.
111 2ND AVENUE NE, SUITE 610
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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDENFIELD, MARIBETH
STREET ADDRESS	702 LAMBTON LANE
CITY-ST-ZIP	NAPLES, FL 33942
TITLE	VO
NAME	MELL, JOHN J. JR.
STREET ADDRESS	12 BELLEVUE DR.
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	STD
NAME	MELL, GENEVIEVE T.
STREET ADDRESS	12 BELLEVUE DR.
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80010-024 150.00

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #