

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S83111

Entity Name: B.G.N. CORP.

FILED  
Jan 30, 2009  
Secretary of State

## Current Principal Place of Business:

6706 N. 9TH AVE  
BLDG D  
PENSACOL, FL 32504

## New Principal Place of Business:

1301 SOUNDVIEW TR  
GULF BREEZE, FL 32561

## Current Mailing Address:

P.O. BOX 10729  
PENSACOLA, FL 32524

## New Mailing Address:

FEI Number: 59-3096951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOONAN, MARY A  
1301 SOUNDVIEW TR  
GULF BREEZE, FL 32561      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: BAROCO, RONALD A.  
Address: 14320 RIVER RD.  
City-St-Zip: PENSACOLA, FL 32507

Title: PD ( ) Delete  
Name: NOONAN, MARY A  
Address: 1301 SOUNVIEW TR  
City-St-Zip: GULF BREEZE, FL 32561

Title: DVP ( ) Delete  
Name: BAROCO, VICKI A  
Address: 482 EAST LAKEVIEW ST  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: BAROCO, RONALD A  
Address: 14320 RIVER RD.  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A NOONAN

PRES

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date