

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002725

FILED
Jan 05, 2009
Secretary of State

Entity Name: BIG SERVICES, INC.

Current Principal Place of Business:

812 ATHENS ROAD
CRAWFORD, GA 30630

New Principal Place of Business:

Current Mailing Address:

PO BOX 309
CRAWFORD, GA 30630

New Mailing Address:

FEI Number: 58-2654464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALOE, JOSEPH
9084 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 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: PS () Delete
Name: BEATTY, TOM J
Address: 225 BULL BRAY ROAD
City-St-Zip: STEPHENS, GA 30667

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: COCHRAN, JOSEPH R
Address: 403 HARRIS HILLS DRIVE
City-St-Zip: ATHENS, GA 30607

Title: VP () Change (X) Addition
Name: BUNTING, ANDREW F
Address: 463 DEAD TIMBERS
City-St-Zip: DADEVILLE, AL 36853

Title: T () Change (X) Addition
Name: BEATTY, CHRISTY C
Address: 225 BULL BRAY ROAD
City-St-Zip: STEPHENS, GA 30667

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: JOSEPH R. COCHRAN

VP

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date