

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026080

Entity Name: BIG GAME PRO SHOP, INC.

FILED  
Jan 05, 2009  
Secretary of State

**Current Principal Place of Business:**

37920 STATE ROAD 19  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

37920 STATE ROAD 19  
UMATILLA, FL 32784

**New Mailing Address:**

FEI Number: 59-3629236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHIGHAM, PHILLIP  
37920 STATE ROAD 19  
UMATILLA, FL 32784 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: P ( ) Delete  
Name: WHIGHAM, PHILLIP  
Address: 37920 STATE ROAD 19  
City-St-Zip: UMATILLA, FL 32784

Title: V ( ) Delete  
Name: WHIGHAM, KATHY  
Address: 37920 STATE ROAD 19  
City-St-Zip: UMATILLA, FL 32784

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PHILLIP WHIGHAM

PRES

01/05/2009

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

\_\_\_\_\_ Date