

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219297

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: BETTS BIG T INC

## Current Principal Place of Business:

12351 NW HWY 19  
CHIEFLAND, FL 32626 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 482  
CHIEFLAND FLA, 32626 US

## New Mailing Address:

4010 SUMMERWOOD DRIVE  
CUMMING, GA 30041 US

FEI Number: 59-0866518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES,RICHARD  
320 N 1ST ST  
GAINESVILLE, FL 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: VD ( ) Delete  
Name: SMITH,FLORENCE B,  
Address: ROUTE 2, BOX 34  
City-St-Zip: CHIEFLAND, FL

Title: PDST ( ) Delete  
Name: SMITH, SCOTT A.,  
Address: ROUTE E, BOX 234  
City-St-Zip: CHIEFLAND, FL

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: SMITH, JENNIFER S.,  
Address: 4010 SUMMERWOOD DRIVE  
City-St-Zip: CUMMING, GA 30041 US

Title: PDST (X) Change ( ) Addition  
Name: SMITH, SCOTT A.,  
Address: 4010 SUMMERWOOD DRIVE  
City-St-Zip: CUMMING, GA 30041 US

Title: D ( ) Change (X) Addition  
Name: SMITH, DONALD R.,  
Address: 4658 NEWELL DRIVE, NE  
City-St-Zip: MARIETTA, GA 30062 US

Title: D ( ) Change (X) Addition  
Name: KEARNS, CAROL J.,  
Address: P.O. BOX 305  
City-St-Zip: CHIEFLAND, FL 32644 US

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: SCOTT A. SMITH

P

02/07/2009

Electronic Signature of Signing Officer or Director

Date