

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 408102

1. Entity Name
MR. TALL & BIG SHOPS, INC.



Principal Place of Business Mailing Address
3218A E COLONIAL DR PO BOX 541795
ORLANDO, FL 32803 US MERRITT ISLAND, FL 32954

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1445405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

SHARP, NANCY
1755 W NEW HAVEN AVENUE
MELBOURNE, FL 32904

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000919753
05/14/08-80017-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHARP, NANCY 1755 W NEW HAVEN AVE MELBOURNE, FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, BRUCE 1755 W NEW HAVEN AVENUE MELBOURNE, FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #