

# ANNUAL REPORT (AR)

DOCUMENT # F01750

1. Entity Name

BIG TOY, INC.



**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2348611** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LANG, JOSEPH H.  
4173 85TH STREET NORTH  
ST. PETERSBURG FL 33709

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 in printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, ROBERT	
STREET ADDRESS	4173 N 85 ST	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LANG, JOSEPH H	
STREET ADDRESS	4173 85TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LANG, ELSIE O	
STREET ADDRESS	4173 85TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000424976  
02/18/06-80074-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph H. Lang* *President* *Joseph H. Lang* 02/16/06 (727) 894-0671