## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Feb 04, 2008 08:00 Al ate

DOCUMENT # F31605  1. Entity Name BIG K REALTY, INC.				Secretary of St		
Principal Place % EDWARD 336 DUVAL KEY WEST, F	STREET	Mailing Address % EDWARD B KNIGHT 336 DUVAL STREET KEY WEST, FL 33040	WE TO		I	NINI 2000 NISI NINI 3000 NISINDA 12 1882
	O NOT WRITE	IN THIS SPA		01232008	No Chg-P	CR2E034 (11/05)
				4. FEI Numb 59-210 5. Certificate		Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  KNIGHT, EDWARD B 336 DUVAL ST- KEY WEST, FL 33040				DO:	NOT W	RITE
8. The above the obligate SIGNATURE	a named entity submits this statement for the tions of registered agent.  Signature, lyped or printed name of registered agent and		red office or register		th, in the State of Flo	rida. I am familiar with, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	ncing _ \$5	.00 May Be		DATE
10.	OFFICERS AND DII	RECTORS			La state	
NAME	KNIGHT, EDWARD B			ellersia		
STREET ADDRESS	336 DUVAL ST					
CITY-ST-ZIP	KEY WEST, FL					
TITLE						944 DEDET + 1 4 4 4 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1
NAME STREET ADDRESS			142723	14 (4:13 L)	√02/12/08-	80059-011-15010018
CITY-ST-ZIP						
TITLE					This that	
NAME			<b>工事的特别</b>	1 3 4 1 2 3		
STREET ADDRESS	[				NOTW	PITEMAN
CITY-SI-ZIP				HIM	a pare abra	

" CITY ST-ZIP "" 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.

OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE . . NAME STREET ADDRESS

Daytime Phone #