

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F84245

1. Entity Name

BIG PINE GOOD FOOD COMPANY, INC.



Principal Place of Business

RR 3 BOX 182
PO BOX 632
BIG PINE KEY FL 33043

Mailing Address

P. O. BOX 632
PO BOX 632
BIG PINE KEY FL 33043
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2183437

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARNEY BROWN
27782 ASTANGIA
SUMMERLAND KEY FL 33042

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]

Signature, typed or printed name of registered agent and the filer (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

[Signature]

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSTD
BROWN, MARNEY
27782 ASTRANGIA
SUMMERLAND KEY FL 33042

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
0000000849852
03/21/08-80037-015 158.75

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/08

305 872 9119
872 3945

Date

Day: No. Phone #