2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

DOCUMENT # H00790 1. Entity Name BIG O CORPORATION					03-24-2006 90023 036 ***150.00			
Principal Place of Business		Mailing Address			14. – -			
609 W. NOBLE AVENUE		609 W. NOBLE AVENUE		1				
WILLISTON, FL 32696-2037		WILLISTON, FL 32696-2037		•				
Principal Place of Business 3. Mailing Address								
2. Thirdipart face of business		5. Maining Address				A BIBII BIBII BIBII BIBII BIBII	E1811E11 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092006	Chg-P	CR2E034 (11/0	5)	
				03032000		· · · · · · · · · · · · · · · · · · ·		
City & State		City & State		4. FEI Number		} → 	Applied For	
7:-		Zip Country		59-2490	1173		Not Applicable	
Zip	Country	ΖΙΡ	Zip Country		5. Certificate of	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current R	egistered Agent	- -		7. Name and a	Address of New R		
				Name				
PHILLIPS, ODIS				Obert Address (D.O. Berther) - New Assessables				
532 NE FIRST AVE WILLISTON, FL 32696				Street Address (P.O. Box Number is Not Acceptable)				
VILLISTO	N, FL 32090							
Ì			-	City			□1 Zip C	ode
							FL Zip C	
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 it applicable, (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11
TITLE			TITLE				Chang	e 🔲 Addition
NAME	•		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS				
	- <u> </u>			11-ZIF			Chann	. Addition
NAME	3 55/5/6		TITLE NAME	ļ			☐ Chang	e
STREET ADDRESS	·			ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE	SD	Delete	TITLE				☐ Chang	e Addition
NAME	PHILLIPS, CYNTHIA M		NAME_				·- ·	د. تا سرسسا
STREET ADDRESS	532 NE FIRST AVE		4	ADDRESS				
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-S	ST-ZIP				
TITLE	D DUILLING OTENE	☐ Delete	TITLE				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP	•		CITY-S	l				
TITLE		Delete	TITLE				Chang	e 🔲 Addition
NAME		La book	NAME					
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE		☐ Delete	TITLE				Chang	e Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S			F(1) C: 1	e al	- 1-4
12. Thereby of	certify that the information supplied with t	nis filing does not quality for	ir ine exer	nptions contained	u in Unapter 119,	riorida Statutes. I	runther certify that the	e information

12. Thereby certify that the information supplied with this filing does not quality 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE