

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44709

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: BIG GALLIRAPSA CORPORATION

## Current Principal Place of Business:

13010 FISHERY RD  
PLACIDA, FL 33946 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 39  
PLACIDA, FL 33946 US

## New Mailing Address:

FEI Number: 65-0056158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOTITZKY, LEO  
201 W. MARION AVENUE  
SUITE 301  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

WOTITZKY, LEO  
223 TAYLOR ST.  
PUNTA GORDA, FL 33950 US

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.

SIGNATURE:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: ALBRITTON, GARRY,  
Address: P. O. BOX 95-13090 FISHERY RD  
City-St-Zip: PLACIDA, FL

Title: ST ( ) Delete  
Name: ALBRITTON, EUNICE,  
Address: P. O. BOX 37-13120 FISHERY RD  
City-St-Zip: PLACIDA, FL

Title: P ( ) Delete  
Name: ALBRITTON, GREGORY A,  
Address: P. O. BOX 115-13100 FISHERY RD  
City-St-Zip: PLACIDA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY ALBRITTON

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date