

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J59748**

1. Entity Name  
**BIGGE ENTERPRISES, INC.**



Principal Place of Business  
**5786 WEST STATE ROAD 44  
LAKE PANASOFFKEE, FL 33538 US**

Mailing Address  
**5786 WEST STATE ROAD 44  
LAKE PANASOFFKEE, FL 33538 US**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2816533**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**BIGGE, WILLIAM  
5786 STATE ROAD 44  
RT. 2, BOX 431  
LAKE PANASOFFKEE, FL 33538**

**DO NOT WRITE  
IN THIS SPACE**

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 *William C. Bigge*  
Signature, typed or printed name of registered agent and title if applicable. (Typed or printed name of registered agent required when re-registering)

1/20/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BIGGE, WILLIAM C.
STREET ADDRESS	5786 STATE ROAD 44
CITY-ST-ZIP	LAKE PANASOFFKEE, FL
TITLE	DTS
NAME	BIGGE, KAREN S.
STREET ADDRESS	5786 STATE ROAD 44
CITY-ST-ZIP	LAKE PANASOFFKEE, FL
TITLE	V
NAME	MURRY, GUY J
STREET ADDRESS	5786 WEST STATE ROAD 44
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80045-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Karen S. Bigge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04  
Date

Daytime Phone #