

2007 FOR PROFIT CORPORATION ANNUAL REPORT (A/R)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90017 017 ***150.00

DOCUMENT # K55664

1. Entity Name
BIGGS & SON, INC.



Principal Place of Business
**5245 DATIL PEPPER RD
SAINT AUGUSTINE FL 32086
US**

Mailing Address
**5245 DATIL PEPPER RD
SAINT AUGUSTINE FL 32086
US**



2. Principal Place of Business - No P.O. Box #
5450 Datil Pepper Rd.

3. Mailing Address
5450 Datil Pepper Rd.

1st MOORE CR2E034 (10/06)

City & State
St. Augustine, FL
Zip
32086
Country
USA

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St. Augustine, FL
Zip
32086
Country
USA

4. FEI Number **59-2920494**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BIGGS, MARK :
5245 DATIL PEPPER RD
SAINT AUGUSTINE FL 32086**
Change of Address

7. Name and Address of New Registered Agent
Name
Mark Biggs
Street Address (P.O. Box Number is Not Acceptable)
5450 Datil Pepper Rd.
City
St. Augustine **FL** Zip Code
32086

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 **Mark E. Biggs / President** **4/19/07** DATE
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BIGGS, MARK	
STREET ADDRESS	5245 PATIL PEPPER RD.	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: **Mark E. Biggs / Mark E. Biggs** **4/19/07** **904-794-7204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #