


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90004 007 ***150.00

DOCUMENT # K88045 1. Entity Name BIG EASY, INC.					
Principal Place of Business % LEWIS SALVITELLI 10500 FRONT BEACH RD. PANAMA CITY BCH FL 32407-0516				Mailing Address % LEWIS SALVITELLI 10500 FRONT BEACH RD PANAMA CITY BCH FL 32407-0516	
2. Principal Place of Business 524 THOMAS DR Suite, Apt. #, etc.		3. Mailing Address 17190 FRONT BEACH Rd Suite, Apt. #, etc.			
City & State PANAMA City Bch FL Zip 32408		City & State P-CB FL Zip 32413		4. FEI Number 59-2955571	
Country BAY		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL FL 32408				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SALVITELLI, LEWIS 10500 FRONT BEACH RD. PANAMA CITY BEACH FL 32407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, DONALD LEE 220 SAN GABRIEL PANAMA CITY BEACH FL 32407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALVITELLI, KENNETH M 19805 SE QUALLEY ROAD CLACKAMAS OR 97015-7827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Lewis Salvitelli</u> 1-28/04 850 233 3098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					