

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90008 036 \*\*\*150.00

**DOCUMENT # K88045**

1. Entity Name

**BIG EASY, INC.**



Principal Place of Business

**524 THOMAS DR.  
PANAMA CITY FL 32408**

Mailing Address

**17190 FRONT BEACH RD.  
PANAMA CITY BCH FL 32407-0516**

2. Principal Place of Business

**17190 FRONT BEACH RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PANAMA CITY BEACH FL**

City & State

**PANAMA CITY BEACH FL**

4. FEI Number

**59-2955571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HESS, BRIAN D  
17190 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32413**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 **DP** ☐ Delete  
NAME **SALVITELLI, LEWIS**  
STREET ADDRESS **10500 FRONT BEACH RD.**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **D** ☐ Delete  
NAME **HAWKINS, DONALD LEE**  
STREET ADDRESS **220 SAN GABRIEL**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **VP** ☐ Delete  
NAME **SALVITELLI, KENNETH M**  
STREET ADDRESS **19805 SE QUALLEY ROAD**  
CITY-ST-ZIP **CLACKAMAS OR 97015-7827**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8417 LORENTO ST.**  
CITY-ST-ZIP **PANAMA CITY BCH FL 32408**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/18/05 850-234-6770**