2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2008 08:00 AN Secretary of State DOCUMENT # K88045 1. Entity Name BIG EASY, INC. Principal Place of Business Mailing Address 17190 FRONT BEACH RD 17190 FRONT BEACH RD. PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2955571 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 17190 FRONT BEACH RD. PANAMA CITY BEACH FL 32413 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of rogistered rigers and title. I applicable. (NOTE: Registered Agent aignature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ De¹cte TITLE Change ☐ Addition NAME SALVITELLI, LEWIS STREET ADDRESS 8417 LORENTO ST STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE U00000818893 ☐ Change ☐ Addition NAME HAWKINS, DONALD LEE NAME 92/15/98-80061-008 150.00 STREET ADDRESS 220 SAN GABRIEL STREET ADDRESS OffY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-7IP TITLE Deiete TILE ☐ Change ☐ Addition NAME SALVITELLI, KENNETH M STREET ADDRESS 19805 SE QUALLEY ROAD STREET ADDRESS CITY-ST-7IP **CLACKAMAS OR 97015-7827** CITY-ST-ZIP THLE ☐ Delete THLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ny 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.