

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002516

1. Entity Name

BIG FISH MISSIONS GEAR, INC.



Principal Place of Business

2853 HAMMOCK DRIVE
PLANT CITY, FL 33566

Mailing Address

2853 HAMMOCK DRIVE
PLANT CITY, FL 33566



05042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2470650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BARRIOS, JAMES A ESQUIRE
255 NORTH KENTUCKY AVE STE 201
LAKELAND, FL 33801

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, CHRISTOPHER T
STREET ADDRESS 2853 HAMMOCK DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE D
NAME WILLIS, JOHN GARY
STREET ADDRESS 6005 SR 39
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE D
NAME SMITH, STACEE W
STREET ADDRESS 2853 HAMMOCK DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE D
NAME WILLIS, CHRISTINA M
STREET ADDRESS 6005 SR 39
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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06/27/07-80001-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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 #

5-4-2007

813-763-5299