

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

04-14-2008 90027 042 ****61.25

DOCUMENT # N07000002852

1. Entity Name
BIGGER GAINS FOR HEROES, INC.



Principal Place of Business
11147 LONGSHORE WAY WEST
NAPLES, FL 34119 US

Mailing Address
11147 LONGSHORE WAY WEST
NAPLES, FL 34119 US

66010396



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

--Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, KENNETH S
11147 LONGSHORE WAY WEST
NAPLES, FL 34119

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 renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
LEWIS, KENNETH S
11147 LONGSHORE WAY WEST
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
Bowman, Jeremy T
11853 Commonwealth Dr
Louisville, Ky 40299 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
DAVIS, JOHN W
11147 LONGSHORE WAY WEST
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Treasurer
Bowman, Jonathan D
11853 Commonwealth Dr
Louisville, Ky 40299 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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☐ Delete

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

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

4-9-08

502-266-5530

Date

Daytime Phone #