## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 11, 2004 8:00 am

DOCUMENT # N9800006143  1. Entity Name THE BIG STRAWBERRY INC.				44A	Secretary of State 02-11-2004 90035 002 ****61.25			
232 OLEANDER AVENUE 232		Mailing Address 232 OLEANDER AVENUE PALM BEACH, FL 33480	232 ÖLEANDER AVENUE			·		
1 ' 1 ^ -		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	P.O. BOY 614 Suite, Apt. #, etc.		hg-NP	CR2E037 (10/03)		
City & State		City & State	PALM BEACH FL		35		plied For	
Zip	Country	Zip	Country ALM. BEACH	5. Certificate of S		\$8.75 Add Fee Require	litional	
	6. Name and Address of Current			7. Name and Add	iresa of New R	egistered Agent		
הוערם ור	OLET		Name	Name				
DIVER, LESLIE 232 OLEANDER AVE PALM BEACH, FL 33480			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
.,	1011,112 00700							
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its regi	istered office or reg	gistered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept	
<b> </b>								
SIGNATURE .	Stanature, typed or printed name of registered agent (	and title if applicable. (NOTE: Rec	gistered Agent signature re	equired when reinstating)		DATE	<del></del>	
	Signature, typed or printed name of registered agent (	and title if applicable. (NOTE: Reg	gistered Agent signature re	equired when reinstating)		DATE	nicestation of the estate	
SIGNATURE.	Signature, typed or printed name of registered agent of Filling Fee is \$61.25  Due by May 1, 2004	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May 8e		DATE  ake check payable to the		
	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May 8e Added to Fees	Flor	ake check payable to	late	
110. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  DP  DIVER, LESLIE C  232 OLEANDER AVENUE	9. Election Campai Trust Fund Contr	ign Financing pribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May 8e Added to Fees	Flor	ake check payable t ida Department of Si	late	
110. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  DP  DIVER, LESLIE C  232 OLEANDER AVENUE  PALM BEACH, FL 33480	9. Election Campai Trust Fund Cont RECTORS	ign Financing bribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May 8e Added to Fees	Flor	ake check payable to Ida Department of St RS AND DIRECTORS IN  Change	Late 110 Addition	
110. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  DP  DIVER, LESLIE C 232 OLEANDER AVENUE PALM BEACH, FL 33480  DST	9. Election Campai Trust Fund Cont	ign Financing tribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	ake check payable to ida Department of Si RS AND DIRECTORS IN	late	
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J10.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  DP DIVER, LESLIE C 232 OLEANDER AVENUE PALM BEACH, FL 33480  DST FAUB, ROBERT G JR. 3215 SPRUCE AVE WEST PALM BEACH, FL 33407  D SHERRILL, PETE 3930 VILLAS GREEN CIRCLE -LONGWOOD, FL 32779  D FROST, LINDA 232 OLEANDER AVENUE PALM BEACH, FL 33480	9. Election Campai Trust Fund Cont RECTORS  Delete  Delete	ign Financing bribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	CIRCLE ACH, FL3	ake check payable to ida Department of Stars AND DIRECTORS IN Change  Change  Change  Change  Change	Late 110 Addition Addition Addition	
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12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking with an address, with all other like empowered.

SIGNATURE: