2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AN
Secretary of State

Daylime Phone #

DOCU 1. Entity Nam BIG GUY		98 🍝 .				Secretary of Sta
	WY 19 NORTH	Mailing Address 3086 PINE FOREST DR PALM HARBOR, FL 34684		 	 	
С	OO NOT WRITE	CE	02062008 4. FEI Numb 59-368	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
12362 US	6. Name and Address of Current Reg GOS, PETROS HWY 19 N. FL 34667	DO NOT WRITE 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. It 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 agent agent when reinstating). DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD VARVARIGOS, PETROS 12362 US HWY 19 NORTH HUDSON, FL 34667	ECTORS			U00000 04/10/03	0873370 -80076-001 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP			_			-
NAME STREET ADDRESS CITY-ST-ZIP			_		NOT W	
STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 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 AND TYPED OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR

SIGNATURE: _