

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90119 039 ***150.00

DOCUMENT # P01000074091

1. Entity Name

BIG T TAMPA ST. PETE, INC.



Principal Place of Business

11266 W HILLSBOROUGH AVE.
#173
TAMPA FL 33635

Mailing Address

11266 W HILLSBOROUGH AVE.
#173
TAMPA FL 33635

2. Principal Place of Business

110 EAST REYNOLDS ST.

3. Mailing Address

110 EAST REYNOLDS ST.

Suite, Apt. #, etc.

STE # 603

Suite, Apt. #, etc.

STE 603

City & State

Plant City FL

City & State

Plant City FL

Zip

33563

Country

Hillsborough

Zip

33563

Country

Hillsborough

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 SPIEGEL & UTRERA P.A.

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

(NOTE: Registered Agent signature required when reinstating)

4/19/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRAGG, JACKIE JR**
STREET ADDRESS **4106 KEMBER RAE COURT**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **ST** ☐ Delete
NAME **STOLLER, JAMES**
STREET ADDRESS **1881 NORTHWEST 61ST AVENUE 2733 NE 11th St**
CITY-ST-ZIP **MARGATE FL 33063 Pompano Beach FL 33062**

TITLE **D--** ☐ Delete
NAME **STOLLER, GENE**
STREET ADDRESS **1661 NORTHWEST 61ST AVENUE 2733 NE 11th St.**
CITY-ST-ZIP **MARGATE FL 33063 Pompano Beach FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing 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 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:

Jackie F. Bragg Jr Jackie F. Bragg Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 813-251-6552

Date Daytime Phone #