


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90040 041 \*\*\*158.75

<b>DOCUMENT # P01000074091</b> 1. Entity Name <b>BIG T TAMPA ST. PETE, INC.</b>					
Principal Place of Business <b>3212 N. 40TH STREET UNIT 502 TAMPA, FL 33605</b>			Mailing Address <b>3212 N. 40TH STREET UNIT 502 TAMPA, FL 33605</b>		
2. Principal Place of Business - No P.O. Box # <b>2502 S. 50TH STREET</b>		3. Mailing Address <b>2505 Thonotosassa Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b># 306</b>			
City & State <b>TAMPA FL.</b>		City & State <b>Plant City FL.</b>		4. FEI Number <b>65-1143140</b>	
Zip <b>33619</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33563</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STITZEL, III ESQ, D. HOWARD 206 N. COLINS STREET PLANT CITY, FL 33563</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRAGG, JACKIE JR</b> <b>4106 KEMBER RAE COURT</b> <b>PLANT CITY, FL 33565</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>STOLLER, JAMES</b> <b>2733 NE 11TH ST</b> <b>POMPAÑO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOLLER, GENE</b> <b>2733 NE 11TH ST</b> <b>POMPAÑO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE: Jackie Bragg Jr. JACKIE BRAGG JR. 4/2/08 813-251-6552</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					