2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P02000021628

Entity Name: B.I.G. PLUS, INC.

Current Principal Place of Business:

15347 AMBERLY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15271 AMBERLY DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 01-0640847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEWS, RAYMOND
15347 AMBERLY DRIVE
TAMPA, FL 33647

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FISHER, ROBIN L	
Address:	1625 GARDEN STREET	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	CARR, BERNIE	
Address:	12049 S.W. 117 AVENUE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	WELLS, HERBERT A JR.	
Address:	4121 N.W. 189 TERRACE	
City-St-Zip:	MIAMI, FL 33055	
Title:	D	( ) Delete
Name:	WHITE, STANLEY	
Address:	2556-A BEARSS AVENUE	
City-St-Zip:	TAMPA, FL 33613	
Title:	D	(X) Delete
Name:	WILLIAMS, JUAN J	
Address:	1249 10TH STREET	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	D	( ) Delete
Name:	GISSENDANNER-DOSTER, BETTY	
Address:	14399 MADDOCK AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33953	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND MATHEWS P 04/16/2004

Electronic Signature of Signing Officer or Director — Date