2004 FOR PROFIT CORPORATION __ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # P02000060171 1. Entity Name 02-04-2004 90080 001 ***150.00 BIG KAHOONA, INC. Principal Place of Business 1850 1ST AVE. DELAND FL 32724 33 COUNTRY VIEW ESTATES **NEWVILLE PA 17241** 2. Principal Place of Business 3. Mailing Address 1259 W. ATLANTIC BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) #125 (SUITE City & State City & State 4. FEI Number Applied For 27-0015183 Pompano Bencit Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33069 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINGSBOROUGH JEFFEEV KINGSBOROUGH, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 1850 1ST AVE. DELAND FL 32724 City fom PANO BEACH FL FL Zips 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME KINGSBOROUGH, JEFFREY S MAME 33 COUNTRY VIEW ESTATES STREET ADDRESS STREET ADDRESS **NEWVILLE PA 17241** CITY-ST-ZIP City-St-ZiP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TOTALE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED