

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90202 022 \*\*\*150.00

**DOCUMENT # P02000075250**

1. Entity Name

**BIG BOYS, INC.**



Principal Place of Business

**5639 ADA JOHNSON ROAD  
JACKSONVILLE FL 32218  
US**

Mailing Address

**P.O. BOX 26297  
JACKSONVILLE FL 32226  
US**

**40024529**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3657942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRINGLE, RONALD S  
740 CENTURY POINT DR. EAST  
JACKSONVILLE FL 32216**

Name **RONALD S. PRINGLE**

Street Address (P.O. Box Number is Not Acceptable)

**5639 ADA JOHNSON ROAD**

City **JACKSONVILLE**

**FL**

Zip Code **32218**

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 reinstating)

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 **WILBORN, ARVELL**  
STREET ADDRESS **154 SAMS POINT ROAD**  
CITY-ST-ZIP **BEAUFORT SC 29902**

TITLE **V** ☐ Delete  
NAME **COBBS, JOHNNIE**  
STREET ADDRESS **4414 TIMBER HOLLOW WAY**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **S** ☒ Delete  
NAME **PRINGLE, RAY**  
STREET ADDRESS **10 KITTIES LANDING**  
CITY-ST-ZIP **BLUFFTON SC 29910**

TITLE **T** ☐ Delete  
NAME **PRINGLE, RONALD S**  
STREET ADDRESS **5639 ADA JOHNSON ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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 **JOHNNIE COBBS**  
STREET ADDRESS **4414 TIMBER HOLLOW WAY**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-05**

Date

**(904) 764-2505**

Daytime Phone #