## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 06, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000075250 BIG BOYS, INC. Principal Place of Business Mailing Address P.O. BOX 26297 5639 ADA JOHNSON ROAD JACKSONVILLE, FL 32226 US JACKSONVILLE, FL 32218 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3657942 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent PRINGLE, RONALD S DO NOT WRITE 5639 ADA JOHNSON RD JACKSONVILLE, FL 32218 IN THIS SPACE 8. The above named enlity 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 KIN GLE ed Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. IIII F WILBORN, ARVELL 154 SAMS POINT ROAD STREET ADDRESS CITY ST-ZIP BEAUFORT, SC 29902 TITLE COBBS, JOHNNIE U00000378571 01/09/06-80013-011 150.00 NAME STREET ADDRESS 4414 TIMBER HOLLOW WAY CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE COBBS, JOHNNIE NAME 4414 TIMBER HOLLOW WAY STREET ADDRESS DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32224 IN THIS SPACE TITLE PRINGLE, RONALD S NAME 5639 ADA JOHNSON ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE

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 reported 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:

NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED