


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

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
---	--



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3657942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PRINGLE, RONALD S 5639 ADA JOHNSON RD JACKSONVILLE, FL 32218
--

**DO NOT WRITE
IN THIS SPACE**

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 renating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000830289 02/26/08-80078-013 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILBORN, ARVELL 154 SAMS POINT ROAD BEAUFORT, SC 29902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COBBS, JOHNNIE 4414 TIMBER HOLLOW WAY JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBBS, JOHNNIE 4414 TIMBER HOLLOW WAY JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINGLE, RONALD S 5639 ADA JOHNSON ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **2-14-08** **904-764-2505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #