2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 01, 2005 08:00 AM Secretary of State

| | ANNUAL | KEPUK I | | | Sep o | 1, 2003 00:0 | U F |
|--|---|--|---------------------------------------|-------------------------------|-------------------------------------|---|-------------|
| DOCUMENT # P03000017699 | | | | | Se | cretary of St | ate |
| BIG BOY | Z TÓYZ MĪLD TO WILD PĒRF | | | | | | |
| Principal Place | e of Business_ | Mailing Address | · · · · · · · · · · · · · · · · · · · | 1 | | | |
| | | 2161 19TH STREET SARASOTA, FL 34234 | | | | # | II i |
| D | O NOT WRITE | CE | 30-0173424 Not Applicable | | | | |
| | 6. Name and Address of Current Re | nistered Agent | | 5. Certificate | of Status Desired | Fee Required | |
| FREEMAN, GLENN 2161 14TH ST SARASOTA, FL 34234 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | named entity submits this statement for the form of registered agent. | | | | oth, in the State of Flo | | cept |
| | Signature, typed or printed name of registered agent and | title if applicable. (NOTE Register) | ed Agent signature require | d when reinstating) | | DATE | |
| FILE NOWIII FEE IS \$150,00 Due by September 7, 2005 9. Election Campaign Final Trust Fund Contribution. | | | | .00 May Be led to Fees | In accordance of corporation did | with s. 607.193(2)(b), F.S., i not receive the prior notice. | the |
| 10. | OPPT - OPPTCERS AND DI | RECTORS | | | | <u></u> | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FREEMAN, GLENN W 2161 19TH STREET SARASOTA, FL 34234 | | | | H0000/ 09/01/05 |)377524 -80002-008 1 50. 0 | 0 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS FREEMAN, KELLY J 2161 19TH STREET SARASOTA, FL 34234 | | | | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | <u> </u> | | NOT W | 'RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SF | PACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | <u>-</u> | |
| TITLE NAME STREET ADDRESS | J | | | سو انظم کا ۱۳۵۵ و ۱۳۵۵ و ۱۳۵۵ | m + ±€ + ° ° > = | | • |

12. I hereby certify that the information supplied with this filling 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 eath; 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;

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/05 941-954-0885