

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90003 048 ***150.00

DOCUMENT # P03000017699

1. Entity Name
BIG BOYZ TOYZ MILD TO WILD PERFORMANCE, INC.



Principal Place of Business
**2161 19TH STREET
SARASOTA, FL 34234**

Mailing Address
**2161 19TH STREET
SARASOTA, FL 34234**

2. Principal Place of Business
2155 19TH ST

3. Mailing Address
3104 TYNE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08292006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
30-0173424

Applied For
Not Applicable

Zip
34234

Country
US

Zip
34232

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, GLENN
2161 14TH ST
SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name **Glen Freeman**

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

2155 19TH ST

City **SARASOTA**

FL

Zip Code
34234

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 **Glen Freeman**

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ Delete
NAME **FREEMAN, GLENN W**
STREET ADDRESS **2161 19TH STREET**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **DVPS** ☒ Delete
NAME **FREEMAN, KELLY J**
STREET ADDRESS **2161 19TH STREET**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Pres.** ☒ Change ☐ Addition
NAME **Glen Freeman**
STREET ADDRESS **2155 19TH ST**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VP** ☒ Change ☐ Addition
NAME **Kelly Freeman**
STREET ADDRESS **2155 19TH ST**
CITY-ST-ZIP **SARASOTA FL 34234**

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

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 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 an other like empowered.

SIGNATURE: **Glen Freeman** **8/22/06** **941-274-0185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #