

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

01-07-2005 90013 029 ***150.00

DOCUMENT # P03000054505					
1. Entity Name BIG CAULK, INC.					
Principal Place of Business 6692 E. MAGNOLIA STREET MILTON, FL 32570			Mailing Address 6692 E. MAGNOLIA STREET MILTON, FL 32570		
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 73-1666049 Applied For ☒ Not Applicable ☐	
5. Name and Address of Current Registered Agent COSTA, JAMES F 6692 E. MAGNOLIA STREET MILTON, FL 32570				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐	
7. Name and Address of New Registered Agent				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.	
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				DATE 1/4/05	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees ☐	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D COSTA, JAMES F ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS	6692 E. MAGNOLIA STREET		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				DATE 1/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SAGGING OFFICER OR DIRECTOR				Daytime Phone #	