


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90013 006 \*\*\*150.00

DOCUMENT # P03000055377			
1. Entity Name BIG LAKE SOD OF FORT PIERCE, INC.			
Principal Place of Business 5415 NW BOLIN STREET PORT ST. LUCIE, FL 34986		Mailing Address 5415 NW BOLIN STREET PORT ST. LUCIE, FL 34986	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, DANIEL 5415 NW BOLIN STREET PORT ST. LUCIE, FL 34986		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Daniel Lopez</i>		DATE <i>7/6/04</i>	
<p><b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<i>President, P Daniel Lopez 5415 NW Bolin St Port St. Lucie, FL 34986</i>	
		<i>T.S Stephanie L. Baker 5415 NW Bolin St. Port St. Lucie, FL 34986</i>	
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: <i>Stephanie L. Baker</i>		DATE: <i>7/6/04</i>	DAYTIME PHONE #: <i>772-340-1057</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	DAYTIME PHONE #