

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90030 007 \*\*\*150.00

**DOCUMENT # P03000065673**

1. Entity Name  
BIG VOICE, INC.



Principal Place of Business

509 JUSTIN DR  
FRANKLIN, TN 37064

Mailing Address

2000 MALLORY LANE  
#130-340  
FRANKLIN, TN 37067

**40040320**



**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2383620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGINLEY, PATRICK J ESQUIRE  
2431 ALOMA AVENUE STE 251  
WINTER PARK, FL 32792

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PC  
NAME BARNES, WADE  
STREET ADDRESS 2000 MALLORY LANE #130-340  
CITY-ST-ZIP FRANKLIN, TN 37067

TITLE V  
NAME BARNES, NICOLE  
STREET ADDRESS 2000 MALLORY LANE #130-340  
CITY-ST-ZIP FRANKLIN, TN 37067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #