## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P03000066922 1. Entity Name

BIG PINE MARKET, INC.

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90395 027 \*\*\*158.75

				THE STREET					
Principal Place of Business		Mailing Address			ATEUEE .	1.75			
3623 LITHIA PINECREST ROAD VALRICO, FL 33594 US		3623 LITHIA PINECREST ROAD VALRICO, FL 33594 US							
2. Principal Place of Business		3. Mailing Address			! iii <b>ealag</b> iiiii <b>ba</b> iii <b>aa</b> lii <b>aa</b>			BEN IN NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0412200	4 Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Nun <b>55</b>	nber -0836181		<del></del>	plied For Applicable	
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired		3.75 Addi e Required		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New R	egistered Age	ent	,	
LOVETT BIOLOGIC			Name	Name					
LOVETT, RICHARD 3623 LITHIA PINECREST ROAD VALRICO, FL 33594			Street A	et Address (P.O. Box Number is Not Acceptable)					
			City				Zip Code		
			City			FL	·		
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									
*****	Signature, types or printed harre or egisteral agent	and the Repplication, (NOTE	. Liedansteren Vitarii eran	The reduies with the restrict					
After Ma	E NOW!!! FEE 18 \$150.00 ay 1, 2004 Fee w!!! be \$550.0	9. Election Campaig	ibution. $\Box$	\$5.00 May Be Added to Fees		<u> </u>	] ijuk	[] we ge	
107 to a se	OFFICERS AND	DIRECTORS	11.00 grove	ADDITION	 NS/CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE	P	☐ Detete	TITLE				Change	Addition	
NAME	LOVETT, RICHARD	7 7	NAME			;		-	
STREET ADDRESS	s 3623 LITHIA PINECREST ROAD STR								
CITY-ST-ZIP	VALRICO, FL 33594 CITY								
TITLE		☐ Detete	TITLE				] Change	☐ Addition	
NAME	·		NAME						
STREET ADDRESS			STREET AODRESS			•			
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			. [	] Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	·		CITY-ST-ZIP						
TITLE		T Delete	TITLE				Change	Addition	
NAME		- Detelo	NAME			_			
STREET ADDRESS			STREET ADDRESS				•		
CITY-ST-ZIP	•.		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			[	☐ Change	☐ Addition	
NAME	35		NAME			ŧ	_+ _+Tsc. 7	Direct 4	
STREET ADDRESS	OH KING WY	Dr. F010-8	STREET ADDRESS	7E37.0	LEGINAMOET LOCE	G GNA 2750'	IRECTOR:		
CITY-ST-ZIP	4		CITY-ST-ZIP	1719000000					
गाप्त 🏋 🦫		Delete	<sup>38</sup> Tπiu Ω Ča zpisija či	45,24 1/2,53 A Hed to Flas	1	[	] Change	☐ Addition	
NAME		, D., odga C. 1998	J Graigit.	( in O.O. )	†				
"STREET ADDRESS"	gla ema Aben even use ande operação de la	Note a wilder (cold	STREET ADDRESS	(1 . بعراضوات الوغر المناط	minimum and an in the secondary	F- 10			
CITY-ST-ZIP									
12. I hereby d	certify that the information supplied with	n this filing does not qualify for	the exemption sta	ated in Section 119.07	(3)(i). Florida Statutes.	Trurther certify	rnat the in	irormation	

Indicated on this report or supplied with this little mind does not quality for the exemption stated in Section 19.07(3)(f). Florida statutes, flurther certify that the indicated on this report or supplied with risp 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 traspectation of the corporation or the receiver or traspectation of the corporation of the receiver or traspectation or the receiver or traspectation

SIGNATURE:

KICHAAD E. LOVETT SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR