2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Feb 13, 2008 08:0			
DOCUMENT # P03000066922 1. Entity Name BIG PINE MARKET, INC. Principal Place of Business 3623 LITHIA PINECREST ROAD VALRICO, FL 33594 US Mailing Address 3623 LITHIA PINECREST ROAD VALRICO, FL 33594 US					Se	cretary of	f St
			AD				
						R2E034 (11/05)	
D	OO NOT WRITE	IN THIS SPA	ICE	4. FEI Number 55-08361	B1		plicable
,	6. Name and Address of Current Re	gistered Agent	· ·	5. Certificate of S	tatus Desired	\$8.75 Addition Fee Required	aı
LOVETT, RICHARD 3623 LITHIA PINECREST ROAD VALRICO, FL 33594					IOT WR		
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and		tered office or registe	red agent, or both, i	the State of Florida.		accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			nancing\$5	.00 May Be		•	,
10.	OFFICERS AND DI	RECTORS	1	· '.	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVETT, RICHARD 3623 LITHIA PINECREST ROAD VALRICO, FL 33594				00000082 02/21/08-80	6351 046-003 150.	00
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NAME STREET ADDRESS	gelag and John of the control of the first see their test			agen, words, at 1	The state of the s		18-14-34-34-44-44-2-1-54-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions conflained 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES DENT

FEB 1/2008

Date

Daytime Phone #