

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 007 ***150.00

DOCUMENT # P03000080479					
1. Entity Name A BIG FISH SERVICES, INC.					
Principal Place of Business 21234 OLEAN BLVD., STE. 5 PORT CHARLOTTE, FL 33952			Mailing Address 21234 OLEAN BLVD., STE. 5 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box # 21234 OLEAN BLVD.		3. Mailing Address 21234 OLEAN BLVD.			
Suite, Apt. #, etc. STE 5		Suite, Apt. #, etc. STE 5		01172008 Chg-P CR2E034 (12/06)	
City & State PORT CHARLOTTE, FL.		City & State PORT CHARLOTTE, FL.		4. FEI Number 20-0105330	
Zip 33952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEEPER, TRACY 21234 OLEAN BLVD., STE. 5 PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name: GARY MOORE Street Address (P.O. Box Number is Not Acceptable): 21234 OLEAN BLVD. STE 5 City: PORT CHARLOTTE FL. City: FL Zip Code: 33952	
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: DATE: 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, BRIAN 21234 OLEAN BLVD STE 5 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY MOORE 21234 OLEAN BLVD. STE 5 PORT CHARLOTTE, FL. 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
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: Date: 4/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

941/793-6106