

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000154580

1. Entity Name
BIG TEN TRIMMERS INC.



Principal Place of Business
6901 BLOSSOM HILL ROAD
WEWAHITCHKA, FL 32465

Mailing Address
6901 BLOSSOM HILL ROAD
WEWAHITCHKA, FL 32465

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0263339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, MELVIN W
6901 BLOSSOM HILL ROAD
WEWAHITCHKA, FL 32465

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WARD, MELVIN W
6901 BLOSSOM HILL ROAD
WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WARD, RUSTY E
268 KIM STREET
WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
THURSBY, JONATHAN
1320 WOODWARD AVE
PORT ST JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000955684
07/22/08-80001-023 150.00

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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:

Melvin Ward Melvin Ward President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08

Date

(850) 827-4210

Daytime Phone #