2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000152995

1. Entity Name
BIG PETE ENTERPRISES, INC.

Principal Place of Business
5631 WHISPERING WOODS DRIVE
PACE, FL 32571-8362 US

Mailing Address
5631 WHISPERING WOODS DRIVE
PACE, FL 32571-8362 US

DO NOT WRITE IN THIS SPACE

04092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1866888 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PETERS, MICHAEL S
5631 WHISPERING WOODS DRIVE
PACE, FL 32571-8362

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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 N/A
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000005041195
04/26/06-80062-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERS, MICHAEL S
STREET ADDRESS	5631 WHISPERING WOODS DRIVE
CITY-ST-ZIP	PACE, FL 325718362
TITLE	S/T
NAME	PETERS, JUDY LYNN
STREET ADDRESS	5631 WHISPERING WOODS DRIVE
CITY-ST-ZIP	PACE, FL 325718362
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judy Lynn Peters Sec/Treas 4/10/06 (850) 994-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #