


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90035 006 \*\*\*150.00

<b>DOCUMENT # P05000086969</b> 1. Entity Name BIGAJEKI, INC.	
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Principal Place of Business 11001 N 56TH ST TAMPA, FL 33617 US	Mailing Address 18141 SANDY POINTE DRIVE TAMPA, FLORIDA, 33647 US
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2965036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, GAIL J  
18141 SANDY POINTE DRIVE  
TAMPA, FL 33647

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, WILLIAM C 18141 SANDY POINTE DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, JEFFREY 12455 SPREADING OAK DRIVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARPENTER, GAIL J 18141 SANDY POINTE DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, KIMBERLY 12455 SPREADING OAK DRIVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  WILLIAM C. CARPENTER 2-26-08 813-988-8707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #