2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State

04-27-2006 90172 011 ***150.00

1st MOORE CR2E034 (10/05)

DOCUMENT # P05000138195

1. Entity Name

BIG-E TANKERS & FIBERGLASS, INC.

Principal Place of Business	Mailing Address
475 RIFLE RANGE RD BARTOW FL 33830	475 RIFLE RANGE RD BARTOW FL 33830

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 424	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Eagle Lake, FL	
Zip	Country	Zip: 33839	Country: US

4. FEI Number: 20-3624385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORD, SYLVIA A 475 RIFLE RANGE RD BARTOW FL 33830	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 4/7/06

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D FORD, SYLVIA E 475 RIFLE RANGE RD BARTOW FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Sylvia E Ford 4/7/06 863/537-2704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #