

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90210 015 \*\*\*150.00

DOCUMENT # P06000109953

1. Entity Name

BIGGER BARGAINS, INC.



Principal Place of Business

2640 BAYSHORE BLVD.  
DUNEDIN FL 34698  
US

Mailing Address

2640 BAYSHORE BLVD.  
DUNEDIN FL 34698  
US



2. Principal Place of Business - No P.O. Box #

2640 BAYSHORE BLVD

Suite, Apt. #, etc.

3. Mailing Address

2640 BAYSHORE BLVD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Dunedin, FL

Zip

34698

Country

USA

City & State

Dunedin, FLA

Zip

34698

Country

USA

4. FEI Number

20-5448576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENSEN, KAREN  
506 MEADOW LANE  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2640 Bayshore Blvd

Dunedin, FLA 34698

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

*Karen L. Jensen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3/30/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE  
NAME  
JENSEN, KAREN  
STREET ADDRESS  
506 MEADOW LANE  
CITY - ST - ZIP  
OLDSMAR FL 34677

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PRESIDENT  
KAREN JENSEN  
STREET ADDRESS  
2640 BAYSHORE BLVD  
CITY - ST - ZIP  
DUNEDIN FLA 34698

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

*Karen L. Jensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

727-434-4243

Daytime Phone #