

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90068 050 \*\*\*150.00

<b>DOCUMENT # P07000082749</b> 1. Entity Name <b>BIG RIG RESTAURANT 2, INC.</b>					
Principal Place of Business <b>1538 GAUDREY STREET DELAND, FL 32720</b>			Mailing Address <b>1538 GAUDREY STREET DELAND, FL 32720</b>		
2. Principal Place of Business - No P.O. Box # <b>815 N. Spring Garden Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>815 N. Spring Garden Road</b> Suite, Apt. #, etc.			
City & State <b>DeLand FL</b> Zip Country <b>32720 USA</b>		City & State <b>DeLand FL</b> Zip Country <b>32720 USA</b>		4. FEI Number <b>41-2241220</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>LANDOLFI, ROBERT F</b> <b>1538 GAUDREY STREET</b> <b>DELAND, FL 32720</b> <i>280 W. Betha St.</i> <i>DeLeon Springs FL</i> <i>32130</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input type="checkbox"/> Delete <b>LANDOLFI, ROBERT F</b> <b>1538 GAUDREY STREET</b> <b>DELAND, FL 32720</b> <i>280 W. Betha St.</i> <i>DeLeon Springs FL 32130</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-24-08 386-738 1506</b> <small>Date Daytime Phone #</small>		