


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90092 001 \*\*\*150.00

<b>DOCUMENT # P93000009154</b>	
1. Entity Name <b>BIG AL'S RECORDS &amp; TAPES CORPORATION</b>	

Principal Place of Business <b>5258 NORWOOD AVE 14 JACKSONVILLE, FL 32208</b>	Mailing Address <b>5258 NORWOOD AVE 14 JACKSONVILLE, FL 32208</b>
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40000000



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3166169</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITH, ANGELYN  
2836 SELAWICK LANE  
JACKSONVILLE, FL 32218**

**DO NOT WRITE  
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, 2005 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>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>SMITH, ALFRED</b>
NAME	<b>4225 NOTTER AVENUE</b>
STREET ADDRESS	<b>JACKSONVILLE, FL</b>
CITY-ST-ZIP	
TITLE <b>EVP</b>	<b>SMITH, ANGELYN</b>
NAME	<b>4225 NOTTER AVENUE</b>
STREET ADDRESS	<b>JACKSONVILLE, FL</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>SMITH, ELMORE</b>
NAME	<b>4225 NOTTER AVE</b>
STREET ADDRESS	<b>JACKSONVILLE, FL 32206</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>Stokes, Dwayne</b>
NAME	<b>1990 578 E. 61st Street</b>
STREET ADDRESS	<b>Jacksonville, FL 32208</b>
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:** *Angelyn Smith* **ANGELYN Smith** *April 26, 2005* **904-265-2830**

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