

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90100 030 \*\*\*150.00



**DOCUMENT # P94000045894**

1. Entity Name

**BIG SKY OIL VENTURES, INC.**

Principal Place of Business

**3116 53RD ST  
SARASOTA FL 34234**

Mailing Address

**P.O. BOX 50607  
SARASOTA FL 34232  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**3939 42nd Street**

City & State

**Sarasota Florida**

Zip  
**34235**

Country

**Sarasota**

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**65-0499983**

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

**BLETHEN, CRAIG A**

**3116 53RD ST**

**SARASOTA FL 34234**

Name

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

**3939 42nd Street**

City

**Sarasota**

**FL**

Zip Code

**34235**

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, 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, 2005 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 **PD** ☐ Delete  
NAME **BLETHEN, CRAIG A**  
STREET ADDRESS **3116 53RD ST**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3939 42nd Street**  
CITY-ST-ZIP **Sarasota, FL. 34235**

TITLE **STD** ☐ Delete  
NAME **JACKSON, JEFFREY H**  
STREET ADDRESS **3715 75TH AVE DR E**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NEAL, HARRY C**  
STREET ADDRESS **3116 53RD ST**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5837 27th Avenue South**  
CITY-ST-ZIP **St. Petersburg, Florida 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**CRAIG A. BLETHEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**040605 941 359 1592**