
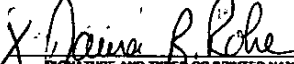


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90163 023 \*\*\*158.75

<b>DOCUMENT # P96000018662</b> 1. Entity Name <b>BIG TUNA INC.</b>					
Principal Place of Business <b>58 - 16TH ST. APALACHICOLA, FL 32320</b>			Mailing Address <b>58 - 16TH ST. APALACHICOLA, FL 32320</b>		
2. Principal Place of Business <b>35 Apaco Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>35 Apaco Avenue</b> Suite, Apt. #, etc.			
City & State <b>Apalachicola, FL</b>		City & State <b>Apalachicola, FL</b>		4. FEI Number <b>59-3365054</b>	
Zip <b>32320</b>		Country <b>Franklin</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROHE, RICHARD L 58 - 16TH ST. APALACHICOLA, FL 32320</b>			7. Name and Address of New Registered Agent Name <b>Rohe, Richard L (same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>35 Apaco Avenue</b> City <b>Apalachicola</b> <b>FL</b> Zip Code <b>32320</b>		
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  <b>Richard L. Rohe</b> <b>4/26/05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>ROHE, RICHARD L</b>	<input type="checkbox"/> Delete		TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>58 - 16TH ST.</b>	CITY-ST-ZIP <b>APALACHICOLA, FL 32320</b>		NAME <b>Rohe, Richard L.</b>	STREET ADDRESS <b>35 Apaco Avenue</b>	
TITLE <b>S</b> NAME <b>ROHE, LAURA R</b>	<input type="checkbox"/> Delete		NAME <b>Rohe, Laura R</b>	STREET ADDRESS <b>35 Apaco Avenue</b>	
STREET ADDRESS <b>58 - 16TH ST.</b>	CITY-ST-ZIP <b>APALACHICOLA, FL 32320</b>		CITY-ST-ZIP <b>Apalachicola, FL 32320</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Laura R. Rohe</b>			<b>4/25/05</b>		<b>850-653-9854</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>