

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 009 ***550.00

DOCUMENT # P97000009831

1. Entity Name
GIANT OCTOPUS CORPORATION



Principal Place of Business
**806 FRANKLIN ST
CLEARWATER FL 33756**

Mailing Address
**806 FRANKLIN ST
CLEARWATER FL 33756**

50062292



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3427806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RODRIGUEZ, REINALDO JR.
1306 RIVERSIDE DRIVE
TARPOON SPRINGS, FL 34689**

Name
RODRIGUEZ, REINALDO JR.

Street Address (P.O. Box Number is Not Acceptable)
2896 ARMADILLO DR.

City
PALM HARBOR FL Zip Code
34683

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 \$550.00
Due by September 7, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RODRIGUEZ, REINALDO JR.
480 E PARK DR
LARGO, FL 33771** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RODRIGUEZ, REINALDO JR.
2896 ARMADILLO, DR
PALM HARBOR, FL 34683** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DIAL, RUTH A.
2886 ARMADILLO DR
PALM HARBOR, FL 34683** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/16/05 727-669-7400