

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000027486

1. Entity Name
THE BIG KAHUNA DEVELOPMENT COMPANY



Principal Place of Business
**11300 FOURTH STREET N
SUITE 200
ST. PETERSBURG, FL 33716 US**

Mailing Address
**11300 4TH ST N
SUITE 200
ST. PETERSBURG, FL 33716 US**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3433847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEMBLER, M. STEVEN
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SEMBLER, M. STEVEN
11300 FOURTH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
CHADWICK, JAMES M
11300 FOURTH STREET NORTH, SUITE 200
ST PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KEENE, BRUCE R JR
11300 4TH ST. N., STE. 200
ST. PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000451313
03/10/06-80049-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

[Signature]
James M. Chadwick, VP

2/16/06 (727) 577-9197

Date

Daytime Phone #