2007 FOR PROFIT CORPORATION— ANNUAL REPORT

DOCUMENT # P97000036106

1. Entity Name
WILLIAM B. BIGGER, P.A.



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

POST OFFICE BOX 280

FT. LAUDERDALE, FL 33302-0280 US

Mailing Address

3500 NW BOCA RATON BLVD., #905 BOCA RATON, FL 33431



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6. Name and Address of Current Registered Agent

 01052007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0747359
 Applied For Not Applicable

 5. Continue of Class Research
 \$8.75 Additional

5. Certificate of Status Desired Fee Required

BIGGER, WILLIAM B 3500 NW BOCA RATON BLVD., #905 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

					IN I	HIS SPACE	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its re	gistere	d office or r	egistered agent, or both	in the State of Florida. I am familia	ur with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	ol applicable (NOTE: F	legislered	Ageni signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP BIGGER, WILLIAM B POST OFFICE BOX 280 FT. LAUDERDALE, FL 333020280	CTORS			e :	•	••
TITLE						JI00000708245	

000000708245 04/24/07-80106-022 150.00 ·

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 trust term owered 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 accitate with all other like empowered.

SIGNATURE: X

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP+
TITLE

CITY ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECT

William B. Bigger, President

41110

(954)647-0844

Daylime Phon