FILED
May 11, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000069267

1. Entity Name
BIG BASS LODGE, INC.

Principal Place of Business	Mailing Address
10395 MARINA LANE MOORE HAVEN, FL 33471	10395 MARINA LANE MOORE HAVEN, FL 33471

DO NOT WRITE IN THIS SPACE

04302(04 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0773547
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIGLIOTTI, NICK
C/O SUNSHINE TAG AGENCY
6807 STATE ROAD 70 EAST
BRADENTON, FL 34203

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when required)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

000000159797
05/11/04-80002-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RISTER, DAVID B
STREET ADDRESS	10395 MARINA LANE ROAD 10
CITY-ST-ZIP	LAKE PORT, FL 33471
TITLE	DST
NAME	RISTER, NANCY A
STREET ADDRESS	10395 MARINA LAKE ROAD 10
CITY-ST-ZIP	LAKE PORT, FL 33471
TITLE	DV
NAME	GIGLIOTTI, MARY LOU
STREET ADDRESS	704 67TH STREET, N.W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 #