## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 23, 2004 08:00 AM Secretary of State

DOCUMENT	# P98000093243
1 Entity Name	



Principal Place of Business 1302 ORANGE AVENUE WINTER PARK, FL 32789-4912

BIG PIG I, INC.

Mailing Address

1302 ORANGE AVENUE WINTER PARK, FL 32789-4912



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3543069

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

THOMAS, THOMAS A. 1302 ORANGE AVENUE WINTER PARK, FL 32789-4912

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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_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Agent sig	gnature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000125632 04/23/04~80009-017 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEINER, SAM 2443 LOT-A-FUN AVENUE WINTER PARK, FL 32789					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BRYAN M 2221 LEE ROAD SUITE 22 WINTER PARK, FL 32789					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

19/04

407-599-5900