## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

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t. Entity Name BIG PIG I, INC.



Principal Place of Business 1302 ORANGE AVENUE Mailing Address

1302 ORANGE AVENUE

WINTER PAR	K, FL 32789-4912	2							
	e e e e e e e e e e e e e e e e e e e	and the second	רוו האונות החתום וותנו אנווו האנטר חוומה לווחם נווחת ונוחת וווחת ווחות הווחו אנו והחווא האנו ומתוואסו ב						
_		04192005	No Chg-P	CR2E034	(10/03)				
	O NOT WRITE II	CE	4. FEI Number 59-3543			Applied For Not Applicable			
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	6. Name and Address of Current Regis	Annual Ament	The second second	O OUTHIOLIS C		Fee	Required		
	6. Name and Address of Current Regis	teled Agent		PA			` ,		
1302 ORA	THOMAS A. NGE AVENUE PARK, FL 32789-4912	DO NOT WRITE IN THIS SPACE							
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	L ed office or register	red agent, or both	, in the State of Flor	rida. I am fami	illar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable. (NOTE, Registere	d Agent signature required	d when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees					
10.	OFFICERS AND DIRE	CTORS			•		•		
TITLE NAME	DP MEINER, SAM								
STREET ADDRESS	2443 LOT-A-FUN AVENUE		1						
CITY-ST-ZIP	WINTER PARK, FL 32789					<u>ለ</u> ግሬ የምስል			
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CITY-ST-ZIP	WINTER PARK, FL 32789		( 1) 40 104		S. J. S. A. A. A.	* *			
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TITLE						****			
NAME STREET ADDRESS			1	· ·		-27656			
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 507, 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 SPORTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/5 407-579-5700 Date Dayline Phone &