

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90319 044 ***150.00

DOCUMENT # P98000096998			
1. Entity Name BIGGERS MANAGEMENT CORPORATION			
Principal Place of Business 2503 COMMERCIAL BLVD. MARIANNA, FL 32446		Mailing Address 2503 COMMERCIAL BLVD. MARIANNA, FL 32446	
2. Principal Place of Business 5141 OLD HICKORY CIRCLE		3. Mailing Address 5141 OLD HICKORY CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARIANNA, FL		City & State MARIANNA, FL	
4. FEI Number 59-3543257		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BIGGERS, JOHN 2503 COMMERCIAL PARK DRIVE MARIANNA, FL 32446		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGERS, JOHN H	NAME	BIGGERS, JOHN H.
STREET ADDRESS	2503 COMMERCIAL BLVD.	STREET ADDRESS	5141 OLD HICKORY CIRCLE
CITY-ST-ZIP	MARIANNA, FL 32446	CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGERS, ABIGAIL G	NAME	BIGGERS, ABIGAIL G.
STREET ADDRESS	2503 COMMERCIAL BLVD.	STREET ADDRESS	5141 OLD HICKORY CIRCLE
CITY-ST-ZIP	MARIANNA, FL 32446	CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Abigail Biggers</i>		Date: 3/10/05 850-526-1596	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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