


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
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50025107

2. Principal Place of Business 5141 OLD HICKORY CIRCLE	3. Mailing Address 5141 OLD HICKORY CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MARIANNA, FL	City & State MARIANNA, FL
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Zip 32446	Country	Zip 32446	Country
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03042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3543257	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERS, JOHN H 2503 COMMERCIAL BLVD. MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERS, JOHN H. 5141 OLD HICKORY CIRCLE MARIANNA, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERS, ABIGAIL G 2503 COMMERCIAL BLVD. MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERS, ABIGAIL G. 5141 OLD HICKORY CIRCLE MARIANNA, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 3/10/05 Daytime Phone # 850-526-1596
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