## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 23, 2006 08:00 AN DOCUMENT # P99000070689 Secretary of State GO BIG, INC. Principal Place of Business Mailing Address 13507 WESTSHIRE DR. 13507 WESTSHIRE DR. **TAMPA, FL 33618 TAMPA, FL 33618** 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3589405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H DO NOT WRITE 315 S. HYDE PARK AVE. TAMPA, FL 33606 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME EMERSON, PATRICIA ANN STREET ADDRESS 13507 WESTSHIRE DR. TAMPA, FL 33618 CITY-ST-ZIP TITLE NAME H00000394153 STREET ADDRESS 1)1/25/06-80049-023 1sq.nn CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME 5 741 1 1 1 1 2 2 2

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET AGORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-969-0484