

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S71987

1. Entity Name  
BIG & TALL OF SPRING HILL, INC.



Principal Place of Business  
4136 COMMERCIAL WAY  
SPRING HILL, FL 34606

Mailing Address  
4136 COMMERCIAL WAY  
SPRING HILL, FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09292004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3085171

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CHEFAN, DAVID  
4136 COMMERCIAL WAY  
SPRING HILL, FL 34606

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200041571682  
10/04/04--01043--010 \*\*150.00

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME CHEFAN, DAVID  
STREET ADDRESS 6473 BLACKBIRD AVENUE  
CITY-ST-ZIP BROOKSVILLE, FL

TITLE ST ☐ Delete  
NAME CHEFAN, DAVID  
STREET ADDRESS 6473 BLACK BIRD AVENUE  
CITY-ST-ZIP BROOKSVILLE, FL

TITLE D ☒ Delete  
NAME CAEFAN, KATHI  
STREET ADDRESS 4136 COMMERCIAL WY  
CITY-ST-ZIP SPRING HILL, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: DAVID CHEFAN Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-29-04 352-688-8033

FILED  
04 OCT -1 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

