

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # G57643

1. Entity Name
BIG BEND MOBILE HOME SALES, INC.



Principal Place of Business
6046 W. TENNESSEE STREET
TALLAHASSEE, FL 32304

Mailing Address
6046 W. TENNESSEE STREET
TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2318924
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITTLE, PARK T.
6046 W. TENNESSEE STREET
TALLAHASSEE, FL 32304

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITTLE, PARK T RT 9 BOX 180 TALLAHASSEE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAY, ROBERT W. 6522 WOODLAND DR. KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITTLE, PHYLLIS W. RT.9, BOX 180 TALLAHASSEE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000315972
04/19/05-80055-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 9047771205

Date

Daytime Phone #