


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 046 ***150.00

DOCUMENT # 320945 1. Entity Name BIG BEND RENTALS INC					
Principal Place of Business 115 WEST BAY ST P.O. BOX 225 PERRY, FL 32347 US			Mailing Address 115 PINE TREE RD P.O. BOX 225 PERRY, FL 32347		
2. Principal Place of Business 112 W GREEN ST		3. Mailing Address PO BOX 225			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PERRY FL		City & State PERRY FL		4. FEI Number 59-1214358	
Zip 32348		Country TA4 LOR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAFFORD, NED P. 115 PINE TREE RD. PERRY, FL 32347		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: <u><i>Ned P Brafford</i></u> DATE: <u>3/6/06</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRAFFORD, NED P. 115 PINE TREE ROAD PERRY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAFFORD, JOSETTE A 115 PINE TREE ROAD PERRY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMMES, LINDA B 204 S. MAGNOLIA ROAD PERRY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST Linda B Rommes 413 Glenridge Rd PERRY FL 32348</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u><i>Ned P Brafford</i></u> NED P BRAFFORD DATE: <u>3/6/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40030929
320945



3/6/06

I have About 30⁰⁰
WORTH of Documentary Stamps
The Clerk's office of
Taylor said I would need
a form to Request Payment
Please send the form -
WEd P Braddon