

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90020 001 ***476.25

DOCUMENT # 366932

1. Entity Name

BIG CHIEF WESTERN SYSTEM, INC.



Principal Place of Business

**1405-1407 WEST 15TH STREET
PANAMA CITY FL 32402**

Mailing Address

**P.O. BOX 1066
PANAMA CITY FL 32402**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **NO-T APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DREW, JOHN W
1208 W. 11TH ST.
PANAMA CITY FL 32401**

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 fee, if applicable

(NO Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DREW, PATRICIA	
STREET ADDRESS	1208 WEST 11TH STREET	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE	V	<input type="checkbox"/> Delete
NAME	DREW, JOHN W JR	
STREET ADDRESS	3406 W 16TH ST	
CITY- ST- ZIP	PANAMA CITY FL 32465	
TITLE	T	<input type="checkbox"/> Delete
NAME	DREW, MICHAEL R	
STREET ADDRESS	1208 W 11TH STREET	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL R. DREW 18 Feb 07 8507971709