

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90042 025 \*\*\*150.00

**DOCUMENT # 392557**

1. Entity Name  
**6-MILE BEND CORPORATION**



Principal Place of Business

832 FLEMING DR  
P.O. BOX 1785  
BELLE GLADE, FL 33430 US

Mailing Address

832 FLEMING DR  
P.O. BOX 1785  
BELLE GLADE, FL 33430 US

40006252



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1386481</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

STEVENS, MICHAEL  
105 RIDGEWOOD AVE  
CLEWISTON, FL 33440

**DO NOT WRITE  
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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2008 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	PD STEVENS, MICHAEL 105 RIDGEWOOD AVE CLEWISTON, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEVENS, FREDERICK 832 FLEMING DRIVE BELLE GLADE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEVENS, PATRICIA C 832 FLEMING DRIVE BELLE GLADE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CHAMBLE, SANDRA 1045 TABIT RD BELLE GLADE, FL 33430
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** Michael Stevens Michael Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08  
Date

561-996-5612  
Daytime Phone #