2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 392557

Entity Name: 6-MILE BEND CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

832 FLEMING DR
BELLE GLADE, FL 33430 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 1785
BELLE GLADE, FL 33430 US

FEI Number: 59-1386481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, MICHAEL
105 RIDGEWOOD AVE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEVENS, MICHAEL
Address: 105 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL

Title: VD ( ) Delete
Name: STEVENS, FREDERICK
Address: 832 FLEMING DRIVE
City-St-Zip: BELLE GLADE, FL

Title: SD ( ) Delete
Name: STEVENS, PATRICIA C
Address: 832 FLEMING DRIVE
City-St-Zip: BELLE GLADE, FL

Title: DT ( ) Delete
Name: CHAMBLE, SANDRA
Address: 1045 TABIT RD
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEVENS, MICHAEL
Address: 105 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VD (X) Change ( ) Addition
Name: STEVENS, FREDERICK
Address: 832 FLEMING DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: SD (X) Change ( ) Addition
Name: STEVENS, PATRICIA C
Address: 832 FLEMING DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL STEVENS PD 01/05/2009
Electronic Signature of Signing Officer or Director Date