


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 036 ****61.25

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| DOCUMENT # 735175 |  |
| 1. Entity Name 2-1-1 BIG BEND, INC. | |

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| Principal Place of Business P.O. BOX 10950 TALLAHASSEE, FL 32302-2950 US | Mailing Address PO BOX 10950 TALLAHASSEE, FL 32302 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01142005 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 51-0201771 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| NICKLAUS, RANDALL 4482 ARGYLE LANE TALLAHASSEE, FL 32303 32309 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32309 | |

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 Randall S. Nicklaus Randall S. Nicklaus 1/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRANDT, NOLIA 1412 RANDOLPH CIR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Brandt, Nolia 1412 N. Randolph Circle Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOLLOWAY, DAN 402 AUDUBON DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD AIKENS, JUDGE AUGUSTUS PO BOX 14271 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Aikens, Judge Augustus P.O. Box 14272 Tallahassee FL 32317 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KING, KIMBERLY 215 S MONROE ST 2ND FL TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD King, Kimberly 2121-D Killarney Way Tallahassee FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICKLAUS, RANDALL S 4482 ARGYLE LN TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete | 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"/> Delete | 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 exemption stated in Section 119.07(3)(i), 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 617, 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: Randall S. Nicklaus Randall S. Nicklaus 1/25/05 850-681-9131 x247
Signature and typed or printed name of signing officer or director Date Daytime Phone #