2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

ANNUAL REPORT						74p1 20, 2004 00:00 14111				
DOCUMENT # G75275 1. Entity Name BIG LAKE ENTERPRISES, INC.					Secretary of State					
Principal Place of Business Mailing Address										
POST OFFICE BOX 675 PAHOKEE, FL 33476 POST OFFICE BOX 675 PAHOKEE, FL 33476					a ratifité d'allé es	iswrstill tiwii inderi Niit		ijai: stali Kitij	38 : 16:18 : 11	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.		01262004	Chg-P	CR2E034		-		
City & State		City & State			4. FEI Number 59-2359			J	plied For Applicable	
Zip	Country	Zip	Coun	try		f Status Desired	Fe	B.75 Addi e Required		
	6. Name and Address of Current I	7. Name and Address of New Registered Agent								
TILLIS, W. F.				Name Street Address (P.O. Box Number is Not Acceptable)						
37031 FIRST ST CANAL POINT, FL 33438				Silest Address (1.5. Dox. tellinot is 160 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> </u>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut					.00 May Be ed to Fees					
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/C	HANGES TO OFF	ICERS AND C	IRECTORS	SIN 11 .	
TITLE	PD	☐ Delete	TITLE	[-	Change	☐ Addition	
NAME	TILLIS, W. F.		MAM	-		UQQQQ	IO130581		_	
STREET ADDRESS CITY-ST-ZIP	37031 FIRST ST CANAL POINT, FL 33438			ET ADDRESS -ST-ZIP	000000130581 04/26/04-80124-004 150.00					
TITLE	s	□ Delete	TITLE					Change	☐ Addition	
NAME	CONLEY, ADA B		NAM	E						
STREET ADDRESS	16500 SW MORGAN RD			ET ADDRESS						
CITY-ST-ZIP	INDIANTOWN, FL 34956		_	- ST-ZIP				- h		
TITLE	V DETECTION	☐ Delete	TITLE	•			l	Change	☐ Addition	
NAME STREET ADDRESS	TILLIS, BETTY J. 37031 FIRST ST		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	CANAL POINT, FL 33438			-ST-ZIP					1	
TITLE		☐ Dalete	TITU	E			[Change	Addition	
NAME			NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		——————————————————————————————————————	TITL	-ST-ZIP				Change	Addition	
TITLE NAME		☐ Delete	NAM				,			
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	Ε			[Change	☐ Addition	
NAME			NAM	1						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
	certify that the information supplied with	this filing does not qualify for			ction 119.07(3\(i)	, Florida Statutes.	further certif	y that the in	iformation	
12. I hereby certify that the information supplied with this filling 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 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.										