

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70787

FILED  
Jul 07, 2004  
Secretary of State

Entity Name: BIG LAKE FINANCIAL CORPORATION

## Current Principal Place of Business:

1409 SOUTH PARROTT AVENUE  
OKEECHOBEE, FL 34974

## New Principal Place of Business:

## Current Mailing Address:

1835 HWY 441 SE  
OKEECHOBEE, FL 34974 US

## New Mailing Address:

FEI Number: 59-2613321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLINS, JOE G  
1409 S. PARROTT AVE.  
OKEECHOBEE, FL 34974 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: CP ( ) Delete  
Name: WALPOLE, EDWIN E., I, II  
Address: 269 N.W. 9TH STREET  
City-St-Zip: OKEECHOBEE, FL

Title: S ( ) Delete  
Name: COOPER, MARY BETH,  
Address: 2123 S.W. 21ST ST.  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: ABNEY, JOHN W., SR.,  
Address: 805 S.W. 15TH ST.  
City-St-Zip: OKEECHOBEE, FL

Title: VD ( ) Delete  
Name: MULLINS, JOE G.,  
Address: 1409 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: CULBRETH, GILBERT H  
Address: P.O. BOX 848 N/A  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: TUCKER, BOBBY  
Address: 2850 SW 16TH ST  
City-St-Zip: OKEECHOBEE, FL 34974

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOE G. MULLINS

VD

07/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date