

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # H85971**

1. Entity Name  
**BIG BEND MARINE, INC.**



Principal Place of Business  
**3482 S. BYRON BUTLER PKWY.  
PERRY, FL 32347**

Mailing Address  
**3482 S. BYRON BUTLER PKWY.  
PERRY, FL 32347**



02012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2620226**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MORGAN, FRED EDESEL, JR.  
3482 S. BYRON BUTLER PKWY.  
PERRY, FL 32347**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000428486  
02/21/06-80051-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MORGAN, FRED EDESEL, JR.
STREET ADDRESS	ROUTE 3, BOX 518
CITY-ST-ZIP	PERRY, FL
TITLE	STD
NAME	MORGAN, DOROTHY
STREET ADDRESS	ROUTE 1, BOX #516
CITY-ST-ZIP	PERRY, FL
TITLE	VD
NAME	MORGAN, DAVID G
STREET ADDRESS	3809 GOLF COURSE RD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/8/06 888 584-5977