2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 JAN -7 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78706

1. Entity Name
BIG BEND LAND CORPORATION

Principal Place of Business	Mailing Address
705 NORTH MAIN ST CROSS CITY, FL 32628	P.O. BOX 790 CROSS CITY, FL 32628

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2937858
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, CAROL M
705 N MAIN STREET
CROSS CITY, FL 32628

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOODING, CAROL M
STREET ADDRESS	705 N MAIN STREET (P.O BOX 2461)
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	DST
NAME	MCKINNEY, J. M., JR.
STREET ADDRESS	705 NORTH MAIN ST
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	DV
NAME	COATES, RICHARD E
STREET ADDRESS	11134 PENNEWAW TRACE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000026345410
01/07/04--01034--008 **150.00

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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 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: Carol M. West, President
Carol M. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04
Date

352-498-5572
Daytime Phone #

B