Jan 07, 2005 8:00 am
Secretary of State
01-07-2005 90019 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

50000614

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16408 SE 19 Highway	same
Suite, Apt. #, etc.: n/a	Suite, Apt. #, etc.
City & State: Cross City, FL 32628 (same)	City & State: same
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
WEST, CAROL M 705 N MAIN STREET CROSS CITY, FL 32628	Name Street Address (P.O. Box Number is Not Acceptable): 16408 SE 19 Highway (new 911 address- same place) City: Cross City **FL** Zip Code: 32628

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: Carol M West 1/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOODING, CAROL M 705 N MAIN STREET (P.O BOX 2461) CROSS CITY, FL 32628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WEST, Carol M P O Box 790 Cross City, FL 32628	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MCKINNEY, J. M., JR. 705 NORTH MAIN ST CROSS CITY, FL 32628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O Box 790 Cross City, FL 32628	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COATES, RICHARD E 11134 PENNEWAW TRACE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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 1/5/05 352-498-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

50000614

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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BIG BEND LAND CORPORATION

COPY

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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2937858

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☐ Not Applicable

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

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10. OFFICERS AND DIRECTORS

TITLE	DP West
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	

Pd 1/16/04
CK 1657 Cash

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SIGNATURE: Carol M. West, President Carol M. West 1/6/04 352-498-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #