


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90075 039 \*\*\*150.00

<b>DOCUMENT # K78706</b>		
1. Entity Name <b>BIG BEND LAND CORPORATION</b>		

Principal Place of Business <b>16408 SE 19 HIGHWAY CROSS CITY FL 32628</b>	Mailing Address <b>P.O. BOX 790 CROSS CITY FL 32628</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2937858</b>		Applied For <input type="checkbox"/>	Nbt Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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

**WEST, CAROL M**  
**16408 SE 19 HIGHWAY**  
**CROSS CITY FL 32628**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP <input type="checkbox"/> Delete
NAME	WEST, CAROL M
STREET ADDRESS	PO BOX 790 (16408 SE 19 Highway)
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	DST <input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, J. M., JR.
STREET ADDRESS	PO BOX 790
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	DV <input type="checkbox"/> Delete
NAME	COATES, RICHARD E
STREET ADDRESS	11134 PENNEWAW TRACE
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley J. Harris
STREET ADDRESS	434 NE 667 St.
CITY-ST-ZIP	Old Town, FL32680
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol West 11/24/06 352498-5572