


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K78706</b> 1. Entity Name <b>BIG BEND LAND CORPORATION</b>	
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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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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2937858</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>WEST, CAROL M 16408 SE 19 HIGHWAY CROSS CITY, FL 32628</b>
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**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, 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEST, CAROL M PO BOX 790 CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARRIS, SHIRLEY J 434 NE 667 ST OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COATES, RICHARD E 11134 PENNEWAW TRACE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/05/07-80010-003 150.00

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

1/4/07 (352) 498-5772  
Date Daytime Phone #