

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K78706**  
 1. Entity Name  
**BIG BEND LAND CORPORATION**



Principal Place of Business  
**16408 SE 19 HIGHWAY  
 CROSS CITY, FL 32628**

Mailing Address  
**P.O. BOX 790  
 CROSS CITY, FL 32628**

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2937858</b>	Applied For Not Applicable
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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/08/08-80004-022 150.00

**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 Carol M West, President 1/7/08 (352) 498-5572  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #