2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K78706

Entity Name: BIG BEND LAND CORPORATION

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16408 SE 19 HIGHWAY CROSS CITY, FL 32628 **Current Mailing Address: New Mailing Address:** P.O. BOX 790 CROSS CITY, FL 32628 FEI Number: 59-2937858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEST, CAROL M 16408 SE 19 HIGHWAY CROSS CITY, FL 32628 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WEST, CAROL M Name: Name: PO BOX 790 Address: Address: City-St-Zip: CROSS CITY, FL 32628 City-St-Zip: Title: DST Title: () Change () Addition () Delete Name: HARRIS, SHIRLEY J Name: 434 NE 667 ST Address: Address: OLD TOWN, FL 32680 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition COATES, RICHARD E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CAROL M. WEST DP 01/05/2009

11134 PENNEWAW TRACE

TALLAHASSEE, FL 32311

Address: City-St-Zip: