
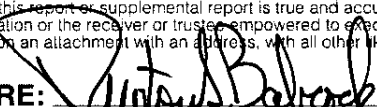


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90037 011 ***158.75

DOCUMENT # L82265 1. Entity Name BIG BEND TECHNOLOGIES, INC.					
Principal Place of Business C/O RICHARD MUSGROVE 2620-4 WEST TENNESSEE ST TALLAHASSEE, FL 32304			Mailing Address C/O RICHARD MUSGROVE 2620-4 WEST TENNESSEE ST TALLAHASSEE, FL 32304		
2. Principal Place of Business 3747 FORSYTHE WAY Suite, Apt. #, etc.			3. Mailing Address P.O. Box 12016 Suite, Apt. #, etc.		
City & State TALLAHASSEE, FL Zip 32308 Country LEON		City & State TALLAHASSEE, FL Zip 32317 Country LEON		4. FEI Number 59-3082767 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MUSGROVE, RICHARD C/O RICHARD MUSGROVE 2620-4 WEST TENNESSEE ST TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3747 FORSYTHE WAY City TALLAHASSEE FL Zip Code 32308	
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD BABCOCK, NEWTON S 2620-4 W TENNESSEE ST TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 810 DEVON DRIVE TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSGROVE, RICHARD 2620-4 W TENNESSEE ST TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3747 FORSYTHE WAY TALLAHASSEE, FL 32308	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			NEWTON S. BABCOCK, VP. Date: 4/15/04 Daytime Phone #: 850-574-2800		

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