

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16363

FILED
May 16, 2005
Secretary of State

Entity Name: BIG LAKE CRUISERS, INC.

Current Principal Place of Business:

231 W. ACENIDA DEL RIO
CLEWISTON, FL 33440

New Principal Place of Business:

604 RIDGEVIEW CIRCLE
CLEWISTON, FL 33440

Current Mailing Address:

P.O. BOX 816
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITAKER, JOEY
231 W. ACENIDA DEL RIO
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

DEAN, NEWTON T
604 RIDGEVIEW CIRCLE
CLEWISTON, FL 33440 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: NEWTON T. DEAN

05/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITAKER, JOEY
Address: 231 W. ACENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: VD () Delete
Name: RAMOS, NESTOR
Address: PO BOX 1614
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: PELHAM, LINDA S
Address: PO BOX 232 - 707 HOOVER DIKE RD #302
City-St-Zip: CLEWISTON, FL 33440

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEAN, NEWTON T
Address: 604 RIDGEVIEW CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: VD (X) Change () Addition
Name: WHITAKER, JOEY
Address: 231 W. AVENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: LUMPKIN, NONA
Address: 436 W. TRINIDAD AVENUE
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S. PELHAM

SD

05/16/2005

Electronic Signature of Signing Officer or Director

Date