

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035255

Entity Name: BIG LAKE VILLAGES, INC.

FILED  
Jan 27, 2006  
Secretary of State

## Current Principal Place of Business:

1324 SOUTH MAIN ST  
BELLE GLADE, FL 33430

## New Principal Place of Business:

380 US 27 NORTH  
SOUTH BAY, FL 33493

## Current Mailing Address:

1324 SOUTH MAIN ST  
BELLE GLADE, FL 33430

## New Mailing Address:

380 US 27 NORTH  
SOUTH BAY, FL 33493

FEI Number: 65-1097827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALSTON, CALVIN D  
1324 SOUTH MAIN ST  
BELLE GLADE, FL 33430 US

## Name and Address of New Registered Agent:

ALSTON, CALVIN D  
380 US 27 NORTH  
SOUTH BAY, FL 33493 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:

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALSTON, CALVIN D  
Address: 1324 SOUTH MAIN ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: VPD ( ) Delete  
Name: HILL, H E  
Address: 1324 S MAIN STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: S ( ) Delete  
Name: MILLER, MONA L  
Address: 1324 SOUTH MAIN ST  
City-St-Zip: BELLE GLADE, FL 33430

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ALSTON, CALVIN D  
Address: 380 US 27 NORTH  
City-St-Zip: SOUTH BAY, FL 33493

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

Title: S (X) Change ( ) Addition  
Name: MILLER, MONA L  
Address: 380 US 27 NORTH  
City-St-Zip: SOUTH BAY, FL 33493

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CALVIN D. ALSTON

PD

01/27/2006

Electronic Signature of Signing Officer or Director

Date