## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P00000072929 1. Entity Name 03-08-2006 90193 024 \*\*\*150.00 BIG RIVER CONSTRUCTION, INC. Mailing Address Principal Place of Business 18562 NE LOIS FOWLER RD. BLOUNTSTOWN FL 32424 18562 NE LOIS FOWLER RD. BLOUNTSTOWN FL 32424 2. Principal Place of Business 6653 Kaylene 3. Mailing Address 0653 Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number 59-3669077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUQUA, H. MATTHEW ESQ. Street Address (P.O. Box Number is Not Acceptable) 4450 LAFAYETTE ST. MARIANNA FL 32447 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 DP TITLE Change ☐ Addition TITLE ☐ Delete NAME BONTRAGER, DANIEL NAME 6653 Raylene Rd STREET ADDRESS 18662 NE LOIS FOWLER RD. STREET ADDRESS BLOUNTSTOWN FL-32424 CITY-ST-ZIP CITY-ST-ZIP **Change** ☐ Delete TITLE ☐ Addition TITLE NAME BONTRAGER, JONAS NAME STREET ADDRESS STREET ADDRESS 18562-NE-LOIS FOWLER'RD. CITY-ST-ZIP BLOUNTSTOWN FL 32424 CITY-ST-ZIP ☑ Chance ☐ Addition Delete ntrager, Melonie TITLE TITLE NAME NAME BONTRAGER, MELONIE STREET ADDRESS STREET ADDRESS 18582 NE LOIS FOWLER RD. CITY-ST-ZIP CITY-ST-782 BLOUNTSTOWN FL 32424 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

SIGNATURE: MILONI DON DE MELONIE BONTRAGER DE DON BONTRAG