

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**ORIGINAL
FILED**

**Jan 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # P01000036294

1. Entity Name
BIG LAKE LODGE, INC.



Principal Place of Business
**8680 HIGHWAY 441 S E
OKEECHOBEE, FL 34974-1495**

Mailing Address
**8680 HIGHWAY 441 S E
OKEECHOBEE, FL 34974-1495**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1096171

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARRINGTON, BETTY
8680 US HWY 441 SE
OKEECHOBEE, FL 34974**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
ARRINGTON, WALTER
8680 US HWY 441 SE
OKEECHOBEE, FL 34974**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVO
ARRINGTON, BETTY
8680 US HWY 441 SE
OKEECHOBEE, FL 34974**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000808563
02/07/08-80055-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of this report; if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Betty Arrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

Date

Daytime Phone #

**SIGN
HERE**