

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P01000095055 |  |
| 1. Entity Name BIG BEND ASSOCIATES, INC. | |

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| Principal Place of Business 6753 THOMASVILLE RD #240 TALLAHASSEE, FL 32312 | Mailing Address 6753 THOMASVILLE RD #240 TALLAHASSEE, FL 32312 |
|--|--|

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3738504 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEINHAUSER, LOUIS J
6753 THOMASVILLE RD #240
TALLAHASSEE, FL 32312

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

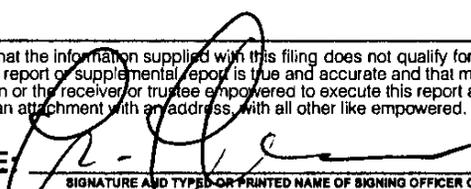
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEINHAUSER, LOUIS 6753 THOMASVILLE RD #240 TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LEINHAUSER, SUSAN L 6753 THOMASVILLE RD #240 TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000634449
 02/22/07-80010-021 150.00

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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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **2/10/07** Daytime Phone # **850-519-6039**