

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063050

Entity Name: BIG BEND INSURANCE, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1300 METROPOLITAN
SUITE 110
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1300 METROPOLITAN
SUITE 110
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 47-0870211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEITE, HELEN V PRES
1300 METROPOLITAN BLVD
SUITE 110
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEITE, HELEN V
Address: 3207 MOUND DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: WELCH, ROBIN L
Address: 6522 IRON LEIGE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MCAULEY, BYRON R
Address: 208 WESTRIDGE DR
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: HICKEY, ELEZABETH
Address: 1016 HAWKEYE TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HELEN V LEITE

P

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date