

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063050

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: BIG BEND INSURANCE, INC.

**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

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date