


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000101929 1. Entity Name BIG BEND HOME INSPECTIONS INC.	
---	---

Principal Place of Business 562 WAKULLA SPRING HWY CRAWFORDVILLE, FL 32327	Mailing Address 562 WAKULLA SPRING HWY CRAWFORDVILLE, FL 32327
--	--



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0006215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUGGLESS, JEREMIAH 252 FALLWOOD LN CRAWFORDVILLE, FL 32327	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUGGLESS, JEREMIAH 252 FALLWOOD LN CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, THOMAS P 28 BRIDLE GATE CT CRAWFORDVILLE, FL 32327
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	

000000177331
01/11/05-80033-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeremiah Ruggless 1-10-05 850-251-9239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #