

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101929

1. Entity Name
BIG BEND HOME INSPECTIONS INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 23 AM 11:48

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

Mailing Address
562 WAKULLA SPRING HWY
CRAWFORDVILLE, FL 32327



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
50-0006215

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUGGLESS, JEREMIAH
STREET ADDRESS 252 FALLWOOD LN
CITY - ST - ZIP CRAWFORDVILLE, FL 32327

TITLE D
NAME CLINE, THOMAS P
STREET ADDRESS 28 BRIDLE GATE CT
CITY - ST - ZIP CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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100065081381
02/02/06--01023--025 **\$150.00

**DO NOT WRITE
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 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

Daytime Phone #

1-23-06 251-4439