
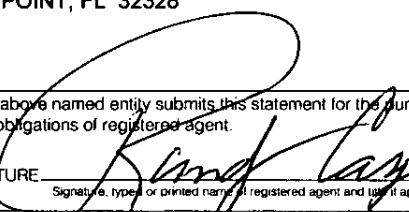
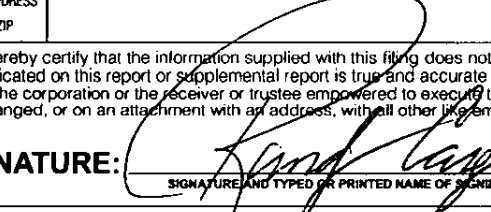


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90086 030 \*\*\*150.00

<b>DOCUMENT # P03000074589</b> 1. Entity Name <b>STRUCTURAL TECHNOLOGY OF THE BIG BEND, INC.</b>					
Principal Place of Business <b>567 HWY 98 EASTPOINT, FL 32328</b>			Mailing Address <b>567 HWY 98 EASTPOINT, FL 32328</b>		
2. Principal Place of Business - No P.O. Box # <b>285 Stron Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Quincy, FL</b> Zip <b>32351</b>		City & State <b>Quincy, FL</b> Zip <b>32351</b>		Country <b>USA</b>	
4. FEI Number <b>20-0112072</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>CAREY, RANDY 567 HWY 98 EASTPOINT, FL 32328</b>					
7. Name and Address of New Registered Agent Name <b>Carey, Randy</b> Street Address (P.O. Box Number is Not Acceptable) <b>285 Stron Rd</b> City <b>Quincy, Florida</b> <b>FL</b> Zip Code <b>32351</b>					
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: <b>7/10/07</b> <small>(NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MILLER, GIBBES U JR 567 HWY 98 EASTPOINT, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Miller, Gibbes U. Jr. 285 Stron Rd. Quincy, FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAREY, RANDOLPH G 567 HWY 98 EASTPOINT, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Carey, Randolph G. 285 Stron Rd. Quincy, FL 32351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS CAREY, JOHNNIE L CORP S 567 HWY 98 EASTPOINT, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS Carey, Johnnie L. Corp S 285 Stron Rd. Quincy, FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: <b>7/10/07</b> Daytime Phone #: <b>850-442-4394</b>		