


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # <i>P03000142853</i>	
1. Entity Name <i>Big Bend Cleanup Inc</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3544 OAK HILL TR</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>TALLAHASSEE FL</i>		City & State	
Zip <i>32312</i>	Country <i>LEON</i>	Zip	Country

FILED
2007 MAY -2 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700102213187
05/11/07--01030--009 **150.00
CR2E034B (8/05)

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>JOE ADAMS</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>3544 OAK HILL TR</i>	
	City <i>TALLAHASSEE</i>	FL Zip Code <i>32312</i>

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 *JOSEPH D ADAMS* DATE *5-1-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR JOSEPH D ADAMS 3544 OAK HILL TR TALLAHASSEE FL 32312</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. CLAUD FRISTO 3544 OAK HILL TR TALLAHASSEE FL 32312</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *JOSEPH D ADAMS (DIRECTOR)* DATE *5-1-07* DAYTIME PHONE # *850-570-9242*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR