## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2004 8:00 am Secretary of State

DOCUMENT # P0400001063  1. Enlity Name BIG BEND LANDSCAPING, INC.				02-16-2004 90041 007 ***150.00
Principal Plac	e of Business	Mailing Address 1052 GROVELAND HILL	S DDIVE	
	E, FL 32317	TALLAHASSEE, FL 323		
2. Principal P	lace of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt.	,	Suite, Apt. #, etc.		
d	<u>L</u>	11		02132004 Chg-P CR2E034 (10/03)
City & Stat	6 ,	City & State		4. FEI Number Applied For Not Applicabl
Zip <b>\i</b>	Country USA	Zip <b>( i</b>	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
RUNYAN, MICHAEL S			and O. O. Charles in New Assessment In New Asses	
1052 GROVELAND HILLS DRIVE TALLAHASSEE, FL 32317			Street Addres	ss (P.O. Box Number is Not Acceptable)
ą			City	II Zip Code
O. The above		the average of changing its	' .	
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 writted name of registror agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
	. 80	0. 51		<b>DT 00</b>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9: Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PD RUNYAN, MICHAEL S	☐ Delete	TITLE NAME .	☐ Change ☐ Additio
STREET ADDRESS	1052 GROVELAND HILLS DRIVE	:	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Additio
NAME		CT Detete	NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Additio
NAME			NAME	
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TITLE		☐ Defete	TITLÉ	☐ Change ☐ Additio
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	. Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE " NAME	_	☐ Delete	TITLE NAME	☐ Change ☐ Additio
STREET ADDRESS	,		STREET ADDRESS -	
CITY-ST-ZIP			CITY-ST-ZIP	
indicated of the cor	on this report or supplemental report is	true and accurate and that m wered to execute this report a	v signature shall have t	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block.11 if

<u> 2/13/64</u>

<u>(850) 251-4617</u>

SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_