

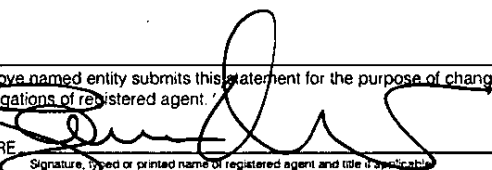
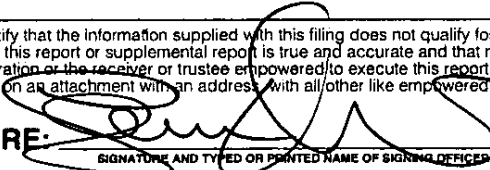


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90054 005 \*\*\*150.00

|   |                                 |   |  |  |  |
|---|---------------------------------|---|--|--|--|
| <b>DOCUMENT # P04000150645</b>  |                                 |   |  |                       |  |
| <b>1. Entity Name</b><br><b>BIG BEND EQUIPMENT COMPANY</b>  |                                 |   |  |  |  |
| <b>Principal Place of Business</b><br>P O BOX 12068<br>TALLAHASSEE, FL 32317  |                                 |   | <b>Mailing Address</b><br>P O BOX 12068<br>TALLAHASSEE, FL 32317   |  |  |
| <b>2. Principal Place of Business</b><br>32410 Blue Star Hwy  |                                 | <b>3. Mailing Address</b><br>32410 Blue Star Hwy  |  |                      |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  | 03212005    Chg-P    CR2E034 (10/03)   |  |
| <b>City &amp; State</b><br>Midway, FL   |                                 | <b>City &amp; State</b><br>Midway, FL   |  | <b>4. FEI Number</b><br>75-3173589   |  |
| <b>Zip</b> 32343 <b>Country</b> USA   |                                 | <b>Zip</b> 32343 <b>Country</b> USA   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>NORRIS, LANCE C<br>15125 N MERIDIAN RD<br>TALLAHASSEE, FL 32312   |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| <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.</b><br><br>SIGNATURE  _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |                                 |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>NORRIS, LANCE C<br><b>STREET ADDRESS</b><br>% P O BOX 12068<br><b>CITY-ST-ZIP</b><br>TALLAHASSEE, FL 32317   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                 |   |  |  |  |
| <b>SIGNATURE:</b>  _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   | 3-28-05    850-201-5000<br><small>Date    Daytime Phone #</small>  |  |  |