


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 039 ***158.75

DOCUMENT # P05000061403 1. Entity Name BIG LAKE AUTO & TRUCK SALES, INC.					
Principal Place of Business 802 SW 16TH STREET BELLE GLADE, FL 33430 US			Mailing Address PO BOX 2074 BELLE GLADE, FL 33430 US		
2. Principal Place of Business Suite, Apt. #, etc. 1441 W Ave A #B City & State Belle Glade, FL Zip 33430 Country US			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 		
4. FEI Number 20-2798640			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			03072006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent HEFFERNAN, RICHARD L 2911 EAST MAIN STREET PAHOKEE, FL 33476				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S PEREZ, PAULA J PO BOX 2074 BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1441 W Ave A #B Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T PEREZ, DANIEL PO BOX 2074 BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1441 W Ave A #B Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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			3/8/06 561-261-1817 Date Daytime Phone #		