## 2007 FOR PROFIT CORPORATION~ ANNUAL REPORT

DOCUMENT # P93000025152

1. Entity Name

BIG LAKE CONTRACTORS, INC.



Principal Place of Business

Mailing Address

3019 S.R. 715

SUITE 2

BELLE GLADE, FL 33430

POB 10

BELLE GLADE, FL 33430 US

FILED Feb 15, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0396406 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, THOMAS C JR 2980 WERWOOD CT WEST PALM BEACH, FL 33414-7680

## DO NOT WRITE IN THIS SPACE

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 printed name of registered agent and title II applicable (NOTE: Registered A				required when reinstating)	DATE	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000636761 02/26/07-80032-019	150.00	
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, THOMAS C JR 2980 WERWOOD CT WELLINGTON, FL 334147680						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE		,					

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 path; 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 chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-09

561-992-966c

Daytime Phon