2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# P93000035326

Entity Name: BIG LAKE MARINA, INC.

Current Principal Place of Business:

964 HIGHWAY 411 S.E.
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

964 HIGHWAY 411 S.E.
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 65-0409838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUENAVENTURA, ITALO F
964 HIGHWAY 441 SE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: ORY, DONALD W.
Address: 964 HWY 441 S.E.
City-St-Zip: OKEECHOBEE, FL

Title: AT ( ) Delete
Name: ORY PATRICIA P.,
Address: 964 HWY 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: T ( ) Delete
Name: MARTIN, DIANE
Address: 964 HWY 441 S.E.
City-St-Zip: OKEECHOBEE, FL

Title: AVMD ( ) Delete
Name: BUENAVENTURA, ITALO
Address: 964 HWY 441, S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST ( ) Delete
Name: BUENAVENTURA, HOLLY
Address: 964 HWY 441, S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: P ( ) Delete
Name: MARTIN, RALPH
Address: 964 HWY 441 SE
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ITALO BUENAVENTURA AVMD 04/09/2004
Electronic Signature of Signing Officer or Director — Date