2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000076844

1. Entity Name
BIG BEND ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
1445 SCOTLAND ROAD HAVANA, FL 32333 US	P. O. BOX 14678 TALLAHASSEE, FL 32317-4678 US

DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3213948

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS, TOMMY F
1445 SCOTLAND ROAD
HAVANA, FL 32333

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 if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P TOMMY F WATTS 1445 SCOTLAND ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U00000213394
02/03/05-80067-016 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #