2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 16, 2006 8:00 am **Secretary of State** DOCUMENT # P94000037393 1. Entity Name 03-16-2006 90446 001 ***300.00 **BIG LAKE AVIATION, INCORPORATED** Principal Place of Business Mailing Address 805 SW 15TH ST PO DRAWER 700 805 SW 15TH ST PO DRAWER 700 OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0490894 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABNEY, JOHN W SR Street Address (P.O. Box Number is Not Acceptable) 805 SW 15TH STREET **OKEECHOBEE FL 34974** City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition ABNEY, JOHN W SR. STREET ADDRESS 805 S.W. 15TH STREET STREET ADDRESS CITY-ST-7IP OKEECHOBEE FL 34974 CITY-ST-ZIP D.V. YRES ☐ Delete TITLE 🔀 Change ☐ Addition ABNEY, John W. Fr. 805 S.W. 15th St. NAME ABNEY, JOHN W JR. NAME STREET ADDRESS STREET ADDRESS 805 S.W. 15TH STREET CITY-ST-ZIP OKEECHUBEE, FL 34974 OKEECHOBEE FL 34974 CITY-ST-ZIP ☐ Change 🔀 Addition ____ Delete TITLE THLE ABNOY, KYLEM. NAME STREET ADDRESS STREET ADDRESS OKEELHOPME, TO 34974 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. FORN W. ABNEY, SR.