

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90185 019 \*\*\*150.00

DOCUMENT # P94000037393

1. Entity Name

BIG LAKE AVIATION, INCORPORATED



Principal Place of Business

805 SW 15TH ST  
PO DRAWER 700  
OKEECHOBEE FL 34974

Mailing Address

805 SW 15TH ST  
PO DRAWER 700  
OKEECHOBEE FL 34974  
US



2. Principal Place of Business - No P.O. Box #

805 S.W. 15TH ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 700

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

OKEECHOBEE, FL

City & State

Okeechobee, FL

4. FEI Number

65-0490894

Applied For

Not Applicable

Zip

Country

34974

Okeechobee

Zip

Country

34973

Okeechobee

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABNEY, JOHN W SR.  
805 SW 15TH STREET  
OKEECHOBEE FL 34974

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABNEY, JOHN W SR.	
STREET ADDRESS	805 S.W. 15TH STREET	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ABNEY, JOHN W JR.	
STREET ADDRESS	805 S.W. 15TH STREET	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ABNEY, KYLE M	
STREET ADDRESS	805 SW 15TH ST	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE:

*John W. Abney, Sr.* JOHN W. ABNEY, SR. 3/26/07 863-763-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #