


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000068660 1. Entity Name BIG BEND SOARING, INC.	
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Principal Place of Business 2946 LAKE VIEW POINT RD QUINCY, FL 32351	Mailing Address 2946 LAKE VIEW POINT RD QUINCY, FL 32351
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03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3270361	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OWENS, MAURICE J 2946 LAKE VIEW POINT RD QUINCY, FL 32351

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, MAURICE J 2946 LAKEVIEW POINT RD QUINCY, FL 32351
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IN THIS SPACE**

1000003459493
03/18/06-00036-007 158.75

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 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: Maurice J Owens **MAURICE J. OWENS** **3-7-06** **825-2998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #