2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P95000040997

Entity Name: BIG BEND MORTGAGE, INC.

Current Principal Place of Business:

2917 LIVINGSTON RD
STE 100
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

2917 LIVINGSTON RD
100
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3315824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGSTON, RUTH A
22 DEER PASS
HAVANA, FL 32333 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: COB ( ) Delete
Name: LANGSTON, WAYNE B
Address: 2917 LIVINGSTON RD., STE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete
Name: LANGSTON, RUTH
Address: 2917 LIVINGSTON RD STE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete
Name: LANGSTON, RUTH
Address: 2917 LIVINGSTON RD., STE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete
Name: MIMS, DEBRA
Address: 2917 LIVINGSTON RD., STE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: LINTON, GARY F
Address: 2917 LIVINGSTON RD STE 100
City-St-Zip: TALLAHASSEE, FL 32303

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: P (X) Change ( ) Addition
Name: LANGSTON, WAYNE B
Address: 2917 LIVINGSTON ROAD, STE 100
City-St-Zip: TALLAHASSEE, FL 32303

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: RUTH LANGSTON VP 04/29/2004

Electronic Signature of Signing Officer or Director Date