2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2004 8:00 am Secretary of State

1. Entity Name BIG BEND TOWERS, INC.							(03-09-200)4 9000)8 027 *°	**150.00	0	
Principal Place of Business 2808 REMINGTON GREEN CIRCLE STE 200 TALLAHASSEE, FL 32303 US			Mailing Address 2808 REMINGTON GREEN CIRCLE STE 200 TALLAHASSEE, FL 32303 US									1 99 	
2. Principal Place of Business 2888 Reminortm Green Lane			3. Mailing Address A888 Remington Green										
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite C				03022004	Chg-P		CR2E034			
	City & State Tallahassec FL		City & State Tallahass	A		4. FEI Numb 59-349				_ 	plied For t Applicable		
Zip 3 23	2308 Country USA		^{Zip} 32308	Coun	"US F	}	5. Certificate of Status Desired F			LJ Fe	8.75 Additional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
AUSLEY, MARGARET B 316 EAST JEFFERSON STREET TALLAHASSEE, FL 32303						Street Address (P.O. Box Number is Not Acceptable)							
					City	FL					Zip Code	9	
	ions of regist	ered agent.	the purpose of changing its					oth, in the Sta	te of Floria		niliar with,	and accept	
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Hegistere	d Agent signatu	ne required	when reinstating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.							00 May Be ed to Fees						
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS	/CHANGES	TO OFFIC	ERS AND D	RECTORS	3 IN 11	
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name Street address City-St-Zip	2808 REM	DANIEL M MINGTON GREEN CIRC SSEE, FL 32308	LE N SUITE 200		et adoress '-st-zip	278 Tal	s Remi	ngton		n Lar 1308	k, Su	1 x c	
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12. I hereby o	L	e information supplied with	this filing does not qualify for	the exe	motion stat	ed in Se	ction 119.07(3)	(i), Florida St	atutes. I fr	urther certify	that the in	formation	
indicated of the cor	on this repor poration or th	rt or supplemental report is ne receiver or trustee empo	true and accurate and that it wered to execute this report	ny siona	ture shall h	ave the s	ame legal effe	ct as if made	under oa	th: that I am	an officer	or director	

intolcated on this report of suppliemental report is true and accurate and matrix signature shall have the same legal effect as it 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:

ATUREANO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR