2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44583

FILED Jan 23, 2007 Secretary of State

Entity Name: BIG LAKE SNACK SALES, INC.		·	
Current Principal Place of Business:	New Principal Place o	of Business:	
900 NE 3RD STREET BELLE GLADE, FL 33430			
Current Mailing Address:	New Mailing Address	:	
P.O. BOX 579 PAHOKEE, FL 33476			
FEI Number: 65-0284885 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
COURSON, CARL J. 900 N.E. 3RD STREET BELLE GLADE, FL 33430 US			
The above named entity submits this statement for the pin the State of Florida.	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: VPD () Delete	Title: PD	(X) Change()Addition	

900 NE 3RD STREET 900 NE 3RD STREET Address: Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430 Title: () Delete Title: VPD (X) Change () Addition COURSON, ANITA COURSON, ANITA Name: Name:

 Name:
 COURSON, ANITA
 Name:
 COURSON, ANITA

 Address:
 900 NE 3RD STREET
 Address:
 900 NE 3RD STREET

 City-St-Zip:
 BELLE GLADE, FL 33430
 City-St-Zip:
 BELLE GLADE, FL 33430

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete Title: () Change () Addition

 Title:
 S
 () Delete
 Title:

 Name:
 CONLEY, ADA B
 Name:

 Address:
 16502 SW MORGAN RD
 Address:

 City-St-Zip:
 INDIANTOWN, FL 34956
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ADA B CONLEY S 01/23/2007