

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 392557

**FILED**  
**Jan 06, 2021**  
**Secretary of State**  
**0847987923CC**

**Entity Name:** 6-MILE BEND CORPORATION

**Current Principal Place of Business:**

105 RIDGEWOOD AVENUE  
CLEWISTON, FL 33440

**Current Mailing Address:**

P.O. BOX 1785  
BELLE GLADE, FL 33430 US

**FEI Number:** 59-1386481

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEVENS, MICHAEL  
105 RIDGEWOOD AVE  
CLEWISTON, FL 33440 US

*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

**Officer/Director Detail :**

Title	PD	Title	VP
Name	STEVENS, MICHAEL	Name	STEVENS, CHRISTOPHER M
Address	105 RIDGEWOOD AVE	Address	P.O. BOX 1785
City-State-Zip:	CLEWISTON FL 33440	City-State-Zip:	BELLE GLADE FL 33430
Title	SECRETARY	Title	TREASURER
Name	MCMILLAN, SUSAN	Name	STEVENS, MICHAEL
Address	721 TABIT ROAD	Address	P.O. BOX 1785
City-State-Zip:	BELLE GLADE FL 33430	City-State-Zip:	BELLE GLADE FL 33430

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL STEVENS

**PRESIDENT**

**01/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date