

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 011 ***158.75

DOCUMENT # P01000119590	
1. Entity Name BAYOU MARKETING GROUP, INC.	

Principal Place of Business 640 ORANGE ST. PALM HARBOR, FL 34683	Mailing Address 640 ORANGE ST. PALM HARBOR, FL 34683
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3513420	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CULLEN, NORMAN 640 ORANGE ST. PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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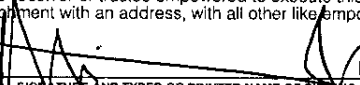
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, NORMAN J R 640 ORANGE ST. PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CULLEN, NORMAN JR 640 ORANGE STREET PALM HARBOR, FL 34683 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, SHANNA 640 ORANGE ST. PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E/D CULLEN, SHANNA 640 ORANGE STREET PALM HARBOR, FL 34683 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, NORMAN SR 640 ORANGE ST. PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CULLEN, NORMAN SR 640 ORANGE STREET PALM HARBOR, FL 34683 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D IWANSKI, RITA 640 ORANGE STREET PALM HARBOR, FL 34683 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is supplemental report to two 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:  **4/29/04 (727) 365-6313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #