# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2005 8:00 am**
**Secretary of State**
03-24-2005 90038 024 ***150.00

DOCUMENT # P01000119590

1. Entity Name
BAYOU MARKETING GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 640 ORANGE ST.<br>PALM HARBOR, FL 34683 | 640 ORANGE ST.<br>PALM HARBOR, FL 34683 |

03162005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 350 Oceanview Ave<br>Suite, Apt. #, etc. | 350 Oceanview Ave<br>Suite, Apt. #, etc. |
| City & State: Palm Harbor, FL | City & State: Palm Harbor, FL |
| Zip: 34683 Country: USA | Zip: 34683 Country: |

4. FEI Number 59-3513420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CULLEN, NORMAN<br>~~640 ORANGE ST.~~ 350 Oceanview Ave.<br>PALM HARBOR, FL 34683 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CULLEN, NORMAN J R<br>640 ORANGE ST.<br>PALM HARBOR, FL 34683 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 350 Oceanview Ave | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CULLEN, SHANNA<br>640 ORANGE ST.<br>PALM HARBOR, FL 34683 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 350 Oceanview Ave | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CULLEN, NORMAN SR<br>640 ORANGE ST.<br>PALM HARBOR, FL 34683 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 350 Oceanview Ave | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>IWANSKI, RITA<br>640 ORANGE ST.<br>PALM HARBOR, FL 34683 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 350 Oceanview Ave | ☒ 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 or supplemental report is true 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:** ✓ _____ ✓3/18/05 ✓727-365-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #