


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 184569</b> 1. Entity Name <b>BAYOU DWELLERS CABANA COLONY INC</b>	
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Principal Place of Business <b>460 ABALONE COURT FORT WALTON BEACH, FL 32528 US</b>	Mailing Address <b>583 MOONEY ROAD FORT WALTON BEACH, FL 32547 US</b>
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01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2509589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SULLIVAN, NADINE 583 MOONEY ROAD FT WALTON BEACH, FL 32547</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: Nadine Sullivan by Edwin Anderson 1/20/05  
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

U000000197184  
01/26/05-80101-014 150.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, LEE 460 ABALONE CT FORT WALTON BEACH, FL 32528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, CATHERINE 3 WINDY LANE MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDDEN, LARRY H. 4023 DOTSON DR HUNTSVILLE, AL 35802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, J. NADINE 583 MOONEY RD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, EDWIN 5959 JARED COURT SATSUMA, AL 36572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Edwin Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 <sup>251</sup> 234-0148  
Date Daytime Phone #