


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 031 ***150.00

DOCUMENT # 185495
 1. Entity Name
BAYOU GARDENS INCORPORATED



Principal Place of Business Mailing Address
 2837-21 AVENUE NORTH 2837-21 AVENUE NORTH
 ST PETERSBURG FL 33713 ST PETERSBURG FL 33713



2. Principal Place of Business 3. Mailing Address
9920 108th ST. N. *9920 108th ST. N.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
SEMINOLE, FLA. *SEMINOLE, FLA.*
 Zip Country Zip Country
33772 *USA* *33772* *USA*

4. FEI Number Applied For
59-0943718 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PATERI, LIZ
420 W. OAK AVENUE
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name *JANET YOUNG*
 Street Address (P.O. Box Number is Not Acceptable)
9920 108th ST. N.
 City *SEMINOLE* FL Zip Code *33772*

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 *Paula Cleopatra Young* DATE *4/10/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PATERI, LIZ	
STREET ADDRESS	2837 21ST AVE, N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ROBERT W	
STREET ADDRESS	2837 21ST AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>SEC TREASURER</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>AIRAN WILLIAMSON</i>	
STREET ADDRESS	<i>4210 ROLAND ST</i>	
CITY-ST-ZIP	<i>TAMPA, FLA. 33609</i>	
TITLE	<i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JANET THERESA YOUNG</i>	
STREET ADDRESS	<i>9920 108th ST. N.</i>	
CITY-ST-ZIP	<i>SEMINOLE, FLA. 33772</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Paula Cleopatra Young* Date: *4/10/06* Daytime Phone #: *727 424-3045*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR