



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 A
Secretary of State

DOCUMENT # 468627 1. Entity Name LOUIE'S BACK YARD, INC.					
Principal Place of Business 700 WADDELL AVE KEY WEST FL 33040			Mailing Address 700 WADDELL AVE KEY WEST FL 33040		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2342278	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRICK, JAMES T. 317 WHITEHEAD STREET KEY WEST FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 STD TENNEY, PATRICIA 3730 FLAGLER AVENUE KEY WEST FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP 000000253590 03/07/05-80034-022 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP PVD TENNY, PHILIP 629 WILLIAM STREET KEY WEST FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia Tenney Patricia Tenney 3/2/05 305-294-1061 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If					