

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004684

FILED
Mar 28, 2007
Secretary of State

Entity Name: BAYOU CADDY TRUCKING INC.

Current Principal Place of Business:

P.O. BOX 44
LAKESHORE, MS 39558

New Principal Place of Business:

210 HIGHWAY 90
STE E
WAVELAND, MS 39576

Current Mailing Address:

P.O. BOX 44
LAKESHORE, MS 39558

New Mailing Address:

FEI Number: 64-0827282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CURE, MICHAEL
Address: P.O. BOX 44
City-St-Zip: LAKESHORE, MS 39558

Title: D () Delete
Name: RUTHERFORD, CYNTHIA C
Address: P.O. BOX 44
City-St-Zip: LAKESHORE, MS 39558

Title: D () Delete
Name: CURE, JOSEPH R
Address: P.O. BOX 44
City-St-Zip: LAKESHORE, MS 39558

Title: D () Delete
Name: GOLLOTT, SUSAN C
Address: P.O. BOX 44
City-St-Zip: LAKESHORE, MS 39558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CURE GOLLOTT

D

03/28/2007

Electronic Signature of Signing Officer or Director

Date