

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004684

FILED
Apr 11, 2009
Secretary of State

Entity Name: BAYOU CADDY TRUCKING INC.

Current Principal Place of Business:

210 HIGHWAY 90
STE E
WAVELAND, MS 39576

New Principal Place of Business:

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
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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 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: MICHAEL D CURE

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date