

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05990

FILED
Apr 07, 2004
Secretary of State

Entity Name: BAYOU MECHANICAL, INC.

Current Principal Place of Business:

120 JOHN KING ROAD
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 36
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-2042655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADENHEAD, CHRIS
420 E PINE AVENUE
CRESTVIEW, FL 32536

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: VD () Delete
Name: HUFF, HENRY C.,
Address: 4104 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: HUFF, CAREY R,
Address: 4203 LANCASTER ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: HUFF, CHANDLER J.,
Address: 4203 LANCASTER ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: HUFF, LOTTIE,
Address: 502 ZEBULON ST
City-St-Zip: BARNESVILLE, GA

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 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 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: CAREY R. HUFF

PD

04/07/2004

Electronic Signature of Signing Officer or Director

Date