

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005044

1. Entity Name

THORNTON, MUSSO & BELLEMIN, INC.



Principal Place of Business

**4788 WAYWOOD
ZACHARY, LA 70791**

Mailing Address

**P.O. BOX 181
ZACHARY, LA 70791**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1158537

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
THORNTON, DAVID M
1434 LAKEWOOD DR.
ZACHARY, LA 70791**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MUSSO, MICHAEL W
P.O. BOX 80482
LAFAYETTE, LA 70598**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BARKER, MARY W
1805 STUART AVENUE
BATON ROUGE, LA 70806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000163239
07/06/04-80005-013 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

MARY W. BARKER Mary W Barker July 1, 2004 225-6544-438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #