

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90007 023 \*\*\*150.00

**DOCUMENT # H06777**

1. Entity Name  
LOUISIANA LAGNIAPPE, INC.



Principal Place of Business

775 GULF SHORE DR.  
P.O. BOX 158  
DESTIN, FL 32541

Mailing Address

P.O. BOX 99  
DESTIN, FL 32540 US

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
72-1006315

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COMER, JOHN HAMMOND  
1751 SCENIC HWY 98E  
#719  
DESTIN, FL 32541

**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

John H. Comer

3/24/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	Chairman of the Board
NAME	COBB, HENRYJR
STREET ADDRESS	1241 Airport Rd. 2nd Floor
CITY-ST-ZIP	Destin, FL 32541
TITLE	President & CFO
NAME	COMER, JOHN HAMMOND
STREET ADDRESS	1241 Airport Rd. 2nd Floor
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V.P. & controller
NAME	Mary Lee Cowgill
STREET ADDRESS	1241 Airport Rd. 2nd Floor
CITY-ST-ZIP	Destin, FL 32541
TITLE	V.P. & Director of operations
NAME	J.M. Anderson
STREET ADDRESS	1241 Airport Rd. 2nd Floor
CITY-ST-ZIP	Destin, FL 32541
TITLE	A.V.P. & Assistant to the Dir. of operations
NAME	Roberto Hernandez
STREET ADDRESS	1241 Airport 2nd Floor
CITY-ST-ZIP	Destin, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

(850) 937-1637

Daytime Phone #