


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90031 039 ***150.00

DOCUMENT # H44715

1. Entity Name
LAGRANGE BAYOU DEVELOPMENT CORPORATION, INC.



Principal Place of Business
**C/O P. O. DRAWER 1508
 FT. WALTON BCH., FL 32549**

Mailing Address
**C/O P. O. DRAWER 1508
 FT. WALTON BCH., FL 32549**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222004 Chg-P CR2E034 (10/03)



4. FEI Number 59-2735385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEHLING, GEORGE W 4170 CALLOWAY DR NICEVILLE, FL 32578		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTANA, JOSEPH C		NAME	
STREET ADDRESS 404 RUCKEL DRIVE		STREET ADDRESS	
CITY-ST-ZIP NICEVILLE, FL 32578		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE President, Secretary Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEHLING, GEORGE W		NAME	
STREET ADDRESS 39 PARADISE POINT		STREET ADDRESS	
CITY-ST-ZIP SHALIMAR, FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELCH, EDWINA		NAME	
STREET ADDRESS #3 SHARILYN DR.		STREET ADDRESS	
CITY-ST-ZIP SHALIMAR, FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELCH, WILLIAM P		NAME	
STREET ADDRESS 31 WALTER MARTIN RD NE		STREET ADDRESS	
CITY-ST-ZIP FORT WALTON BEACH, FL 325484918		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: William Paul Welch **William Paul Welch** 3/23/04 **850-244-2731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #