


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90156 029 \*\*\*150.00

<b>DOCUMENT # H44715</b>				
1. Entity Name <b>LAGRANGE BAYOU DEVELOPMENT CORPORATION, INC.</b>				
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	4. FEI Number <b>59-2735385</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		04202005 Chg-P CR2E034 (10/03) <b>\$8.75 Additional Fee Required</b>		
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	
			<b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input 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	PSD	<input type="checkbox"/> Delete	TITLE	<input 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	TD	<input type="checkbox"/> Delete	TITLE	<input 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: <i>William P. Welch</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____		
		Date: <i>4/21/05</i> Daytime Phone #: <i>(850)244-2731</i>		