


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90270 028 ***150.00

DOCUMENT # H68546 1. Entity Name BAYOU CHICO MARINA, INC.	
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Principal Place of Business 1304 ARIOLA DR PENSACOLA BEACH, FL 32561	Mailing Address 1304 ARIOLA DR PENSACOLA BEACH, FL 32561
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2. Principal Place of Business 362 GULF BREEZE Pkwy #116 Suite, Apt. #, etc.	3. Mailing Address 362 GULF BREEZE Pkwy #116 Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State GULF BREEZE FL.	City & State GULF BREEZE, FL.	4. FEI Number 59-2552837	Applied For Not Applicable
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Zip 32561	Country USA	Zip 32561	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRINGFIELD, JACKSON M 1304 ARIOLA DR PENSACOLA BEACH, FL 32561	7. Name and Address of New Registered Agent Name STRINGFIELD, JACKSON M. Street Address (P.O. Box Number is Not Acceptable) 362 GULF BREEZE Pkwy #116 City GULF BREEZE FL Zip Code 32561
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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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	VSTD STRINGFIELD, SUZANNE H 1304 ARIOLA DR PENSACOLA BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STRINGFIELD, JAMES T. 209 BAYSHORE DR. PENSACOLA, FL. 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRINGFIELD, JACKSON M. 1304 ARIOLA DR. PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRINGFIELD, JACKSON M. 362 GULF BREEZE PKWY #116 GULF BREEZE, FL. 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jackson M. Stringfield 4-28-04 850/932-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #