

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90035 050 \*\*\*150.00

<b>DOCUMENT # H68546</b> 1. Entity Name <b>BAYOU CHICO MARINA, INC.</b>			
Principal Place of Business <b>362 GULF BREEZE PKWY #116</b> <del>PENSACOLA BEACH FL 32561</del>		Mailing Address <b>362 GULF BREEZE PKWY #116</b> <del>PENSACOLA BEACH FL 32561</del>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>GULF BREEZE, FL.</b>		City & State <b>GULF BREEZE FL.</b>	
Zip <b>32561</b>	Country	Zip <b>32561</b>	Country
4. FEI Number <b>59-2552837</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STRINGFIELD, JACKSON M.</b> <b>362 GULF BREEZE PKWY #116</b> <b>PENSACOLA BEACH FL 32561</b> <b>GULF BREEZE, FL. 32561</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STRINGFIELD, SUZANNE H 209 BAYSHORE DR PENSACOLA FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JAMES T. STRINGFIELD III 209 BAYSHORE DR. PENSACOLA, FL. 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRINGFIELD, JACKSON M. 362 GULF BREEZE PKWY #116 GULF BREEZE FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>JACKSON M. STRINGFIELD</i> <i>Jackson M. Stringfield</i>		Date <b>3-21-05</b> Daytime Phone # <b>(850) 982-1262</b>	