

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31504

FILED
Jan 12, 2009
Secretary of State

Entity Name: NETTIE BAYOU INDUSTRIES, INC.

Current Principal Place of Business:

1212 ENTERPRISE DRIVE
#5A-E
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1212 ENTERPRISE DRIVE
#5A-E
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 65-0077075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLNEY, BONNIE L
1212 ENTERPRISE DRIVE #5A-E
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLINGWOOD, BEVERLY E
Address: 5150 JUNGLE PLUM RD
City-St-Zip: SARASOTA, FL 34242

Title: PS () Delete
Name: VOLNEY, BONNIE L
Address: 106 S.E. COLONIAL STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: BERTINELLI, PETER E
Address: 106 S.E. COLONIAL STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: PARRY, GORDON E
Address: 192 WEST CANTON STREET
City-St-Zip: BOSTON, MA 02116

Title: VP () Delete
Name: WEST, BRAD A
Address: 26515 TRINILAS DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE L. VOLNEY

PS

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date