

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 014 ***158.75

DOCUMENT # K71153

1. Entity Name
BAYOU GEORGE CENTER, INC.



Principal Place of Business
C/O JEAN TILLMAN
1610 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

Mailing Address
C/O JEAN TILLMAN
1610 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

40067863



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2941355

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, JEAN
1610 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
OWENS, MELVIN E.
~~7010TH167~~ 1216 Huntington Ridge Road
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TILLMAN, JEAN F
1610 TENNESSEE AVE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

850-265-2880

Daytime Phone #