2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 30, 2004 8:00 am

| DOCUMENT 1. Entity Name BAYOU GEORGE | Secretary of State 01-30-2004 90067 009 ****61.25 | | | | | | | | |
|--|--|--|------------------|--|--|--|--|--|--|
| Principal Place of Business 6010 JAYCEE DRIVE (BALL PARK) YOUNGSTOWN, FL 32466 | | Mailing Address PO BOX 1005 YOUNGSTOWN, FL 32466 | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address Same as above as above | | | | | LUKE By lli le ili be ili le ili | 88 (1) 98 (1) 108(1) 108(1) 81 109(| | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01112004 Cr | ng-NP CI | R2E037 (10/03) | | | |
| City & State | | City & State | | 4. FEI Number 59-244005 | i8 | Applied For Not Applicable | | | |
| Zip | Country | Zip | Country | 5. Certificate of St | atus Desired [| \$8.75 Additional Fee Required | | | |
| -6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent | | | | | | | | | |
| BUTTERWORTH, J | Name () | Name Winter, Jay | | | | | | | |
| 9109 NEWBERRY RD | | | Street Applereds | Street Address (P.O. Box Mumber is Net Asseptable) | | | | | |
| YOUNGSTOWN, FL 32466 | | | | , | | | | | |
| , | , | | counge | Stown | | FL 3290 | | | |
| 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 | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign F Trust Fund Contributi | | | | \$5.00 May Be Added to Fees | | check payable to Department of State | | | |
| · | | | | | A. A. W. St., "A. What and Market Company," N. W. | and the state of t | | | |
| 10 | OFFICERS AND DIF | ECTORS Delete | 11. | | ES TO OFFICERS A | IND DIRECTORS IN 10 Change Addition | | | |

| 10 | OITIOEIGAID BILEOTOTIO | | | 1001110110101010101010101010101 | | |
|----------------|------------------------------|----------------|----------------|--|---|-------------------|
| TITLE | PD | Delete | TALE | PD/S | Change Change | Addition |
| NAME | BUTTERWORTH, JOHNNY | | NAME | Winter, Jay | | |
| STREET ADDRESS | 9109 NEWBERRY RD | | STREET ADDRESS | 4919 Palm Ave | | |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 | | CITY-ST-ZIP | Youngstown FT 32466 | | |
| TITLE | VD | Delete | TITLE | YD . | Change | Addition |
| NAME | EMERY, DAVID JR | | NAME | Cauley, Neta | | |
| STREET ADDRESS | 6307 NORTHWOOD ST | | STREET ADDRESS | 67270 Northwood St. | | |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 | · | CITY-ST-ZIP | Youngstown F1 32466 | | |
| TITLE | SD | Delete | TITLE | SD | Change | Notified Addition |
| NAME . | SUMMERS, SHELLY | | NAME | Young, Dana 4930 Pine Ave | | |
| STREET ADORESS | 9210 ELDER LN | * | STREET ADDRESS | 4930 Pine Ave | - | |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 | | CITY-ST-ZIP | Youngstown F1 32466 | | |
| TITLE | TD | Delete | TITLE | TD | Change | Addition |
| NAME | TATUM, JAMES | | NAME | MEEKS, CArol 13721 MASHOUTORD | | |
| STREET ADDRESS | 8839 PARK AVENUE | | STREET ADDRESS | 13721 MASHOUTHE | | |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 | | CITY-ST-ZIP | YOUNDSIDWN, FI 32466 | <u> </u> | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | • , , | CITY-ST-ZIP | . · | | |
| TITLE | and the second second second | - Delete | TITLE, , , . | | Change | Addition |
| NAME | | ` a | NAME | the state of the s | . , , , , , , , , , , , , , , , , , , , | |
| STREET ADDRESS | | and the second | STREET ADDRESS | Section 1 Section 1 | | • |
| CITY-ST-ZIP | | | CITY-ST-ZIP | THE METERS AND | | |

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 617, 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:

When 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 617, 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: