

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90008 043 \*\*\*150.00

**DOCUMENT # P01000022412**

1. Entity Name  
**BAYOU BUILDERS, INC.**



Principal Place of Business  
**14505 M AND J ROAD  
MYAKKA CITY, FL 34251**

Mailing Address  
**14505 M AND J ROAD  
MYAKKA CITY, FL 34251**

**40022632**



2. Principal Place of Business - No P.O. Box #  
**7053 S. Tamiami Trail**

3. Mailing Address  
**7053 S. Tamiami Trail**

Suite, Apt. #, etc.

02172007 Chg-P CR2E034 (12/06)

City & State  
**Sarasota, FL**

Zip  
**34231**

Country  
**US**

City & State  
**Sarasota, FL**

Zip  
**34231**

Country  
**US**

4. FEI Number  
**65-1084277**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GALLIEN, GREGORY S  
14505 M AND J RD  
MYAKKA CITY, FL 34251**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 GREGORY GALLIEN PRESIDENT DATE 2/20/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 <b>D / P</b>	<input type="checkbox"/> Delete
NAME <b>GALLIEN, GREGORY S</b>	
STREET ADDRESS <b>14505 M AND J RD</b>	
CITY-ST-ZIP <b>MYAKKA CITY, FL 34251</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALLIEN, GREGORY S</b>	
STREET ADDRESS <b>14505 M and J Road</b>	
CITY-ST-ZIP <b>Myakka City, FL 34251</b>	
TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GALLIEN, GARY</b>	
STREET ADDRESS <b>3878 San Bruno Rd</b>	
CITY-ST-ZIP <b>North Port, FL 34286</b>	
TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RICHTER, JEFF</b>	
STREET ADDRESS <b>10709 Old Grove Circle</b>	
CITY-ST-ZIP <b>Bradenton, FL 34212</b>	
TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CHANCEY, DIANE</b>	
STREET ADDRESS <b>5725 18th Ave East</b>	
CITY-ST-ZIP <b>Bradenton, FL 34208</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: GREGORY GALLIEN DATE 2/20/07 DAYTIME PHONE # 441-922-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR