

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 021 ***150.00

DOCUMENT # P01000022412

1. Entity Name
BAYOU BUILDERS, INC.



Principal Place of Business

**7053 S. TAMiami TRAIL
SARASOTA, FL 34251**

Mailing Address

**7053 S. TAMiami TRAIL
SARASOTA, FL 34251**

40013300



01212008 Chg-P CR2E034 (12/06)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GALLIEN, GREGORY S**
CITY-ST-ZIP **14505 M AND J RD
MYAKKA CITY, FL 34251**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GALLEN, GRAY**
CITY-ST-ZIP **3878 SAN BRUNO RD.
NORTH PORT, FL 34286**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **GALLIEN, GARY**
CITY-ST-ZIP **3878 San Bruno Rd
North Port, FL 34286**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **RICHTER, JEFF**
CITY-ST-ZIP **10709 OLD GROVE CIR.
BRADENTON, FL 34212**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CHANCEY, DIANE**
CITY-ST-ZIP **5725 18TH AVE. EAST
BRADENTON, FL 34208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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* 1/21/08 941-922-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #