


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90083 001 ***600.00

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1. Entity Name
PLACIDO BAYOU MORTGAGE, INC.



Principal Place of Business Mailing Address
4691 LAUREL OAK LN. NE **4691 LAUREL OAK LN. NE**
ST. PETERSBURG, FL 33703 **ST. PETERSBURG, FL 33703**

66020237



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

05252007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3743487 Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, WALTER I
4691 LAUREL OAK LN. NE
ST. PETERSBURG, FL 33703

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, JEFFREY C	
STREET ADDRESS	4691 LAUREL OAK LN. NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, WALTER I	
STREET ADDRESS	4691 LAUREL OAK LN. NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCOUN, JEANNIE	
STREET ADDRESS	1131 RED MAPLE CT NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DODDRIDGE, JEANNIE	
STREET ADDRESS	1040 WATER OAK CT NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennie E. McCoun	
STREET ADDRESS	1131 Red Maple Circle NE	
CITY-ST-ZIP	St Petersburg FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ *Jeffrey C Larson* **7-6-07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #