

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000088114

1. Entity Name

PLACIDO BAYOU MORTGAGE, INC.



Principal Place of Business

4691 LAUREL OAK LN. NE  
ST. PETERSBURG FL 33703

Mailing Address

4691 LAUREL OAK LN. NE  
ST. PETERSBURG FL 33703



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3743487

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when submitting report)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 D ☐ Delete  
NAME LARSON, JEFFREY C  
STREET ADDRESS 4691 LAUREL OAK LN. NE  
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

TITLE D ☐ Delete  
NAME LARSON, WALTER I  
STREET ADDRESS 4691 LAUREL OAK LN. NE  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ Change ☐ Addition  
NAME 000000828548  
STREET ADDRESS 05/16/08-80034-015 438.75  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MCCOUN, JENNIE E  
STREET ADDRESS 1131 RED MAPLE CT NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33703

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

TITLE VPT ☐ Delete  
NAME DODDRIDGE, JEANNIE  
STREET ADDRESS 1040 WATER OAK CT NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33703

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 Section 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

April 20, 2008

727-526-5155