

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90048 016 ***150.00

DOCUMENT # P02473

1. Entity Name

CAJUN CONSTRUCTORS, INC.



Principal Place of Business

15635 AIRLINE HIGHWAY
BATON ROUGE LA 70817

Mailing Address

PO BOX 104
BATON ROUGE LA 70821-0104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **72-0733546**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
C
GRIGSBY, L. LANE
STREET ADDRESS
19145 W MUIRFIELD CIRCLE
CITY-ST-ZIP
BATON ROUGE LA 70810 ☐ Delete

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

TITLE
NAME
P
JACOB, JOHN K
STREET ADDRESS
3381 E LAKESHORE DR
CITY-ST-ZIP
BATON ROUGE LA 70808 ☐ Delete

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

TITLE
NAME
EVPC
GRAVNARD, MILTON G
STREET ADDRESS
12459 GOODWOOD BLVD.
CITY-ST-ZIP
BATON ROUGE LA 70815 ☐ Delete

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

TITLE
NAME
D
SEXTON, R. GARY
STREET ADDRESS
6513 PERKINS RD.
CITY-ST-ZIP
BATON ROUGE LA 70898 ☐ Delete

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

TITLE
NAME
ST
DAWSON, SETH
STREET ADDRESS
3212 PLANTATION CT
CITY-ST-ZIP
BATON ROUGE LA 70820 ☒ Delete

TITLE
NAME
ST
Recile, Shane
STREET ADDRESS
6002 Jonathan Almaric Ave
CITY-ST-ZIP
Gonzales, LA 70737 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 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

7/27/05

Date

(225) 754-0214

Daytime Phone #



ATTACHMENT

50057978
P02473

July 22, 2005

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: Waiver of Annual Report Penalty

To Whom It May Concern:

I am writing to request waiver of the \$400 penalty associated with late filing of our annual report. I have checked my records and could not find where we have received a prior notification of payment due. I did receive the initial letter on July 21, 2005 and processed a check for payment, which is enclosed, the next day.

Thanks in advance for your consideration on this matter.

Regards,

A handwritten signature in black ink, appearing to read "Shane Recile", written in a cursive style.

Shane Recile
Chief Financial Officer