

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000154660

1. Entity Name
CAJUN CONTRACTORS INC.



Principal Place of Business
**306 RIDGEWOOD AVE
MARY ESTHER, FL 32569**

Mailing Address
**306 RIDGEWOOD AVE
MARY ESTHER, FL 32569**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CRZE034 (11/05)

4. FEI Number
38-8710665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOSSIER, TROY L
306 RIDGEWOOD AVE
MARY ESTHER, FL 32569**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000549591
05/13/06-80028-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOSSIER, TROY L
STREET ADDRESS	306 RIDGEWOOD AVE
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	VP
NAME	BOSSIER, DARLEEN A
STREET ADDRESS	306 RIDGEWOOD AVE
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 06
Date

PSD
725-8747
Daytime Phone #