2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P05000018899

Entity Name: FLORIDA BAYOU PROPERTIES, INC.

Current Principal Place of Business:

POST OFFICE BOX 1931
NICEVILLE, FL 32588

New Principal Place of Business:

2021 KILDAIRE CIRCLE
NICEVILLE, FL 32578 US

Current Mailing Address:

POST OFFICE BOX 1931
NICEVILLE, FL 32588

New Mailing Address:

4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

FEI Number: 20-2739504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMPSON, KEVIN A
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: VPD ( ) Delete
Name: DEMONBRUN, CARLTON T
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete
Name: THOMPSON, LAURA L
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: TD (X) Delete
Name: DEMONBRUN, NANCY B
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEMONBRUN, CARLTON T
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: SD (X) Change ( ) Addition
Name: THOMPSON, LAURA L
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD (X) Change ( ) Addition
Name: DEMONBRUN, NANCY B
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON T. DEMONBRUN PD 03/02/2007
Electronic Signature of Signing Officer or Director Date