## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000034591

Entity Name: BAYOU LARK, INC

City-St-Zip:

ALFORD, FL 32420

FILED Feb 06, 2007 Secretary of State

Entity Nar	ne: BAYOUT	LARK, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 129 YOUNGSTOWN, FL 32466			861 LAKEPOINT RO ALFORD, FL 32420	861 LAKEPOINT ROAD ALFORD, FL 32420	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 129 YOUNGSTOWN, FL 32466			861 LAKEPOINT RO ALFORD, FL 32420	861 LAKEPOINT ROAD ALFORD, FL 32420	
FEI Number:	59-3171863	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NABORS, SCOTT R 456 HARRISON AVE PANAMA CITY, FL US			456 HARŔISON AVE	NABORS, SCOTT R 456 HARRISON AVE PANAMA CITY, FL 32401 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:			02/06/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST ( TOOLE, GLEN PO BOX 562 FOUNTAIN, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( TOOLE, ENOC 564 MCDUFF S ALFORD, FL (	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	V ( TOOLE, JOEL 502 MCPHEAR	) Delete RSON STREET	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: GLENNIS S. TOOLE ST 02/06/2007