


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90018 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                        |                                                                           |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P94000019283</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                        |                                                                           |  |  |
| <b>1. Entity Name</b><br>LONG BAYOU DEVELOPMENT, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| <b>Principal Place of Business</b><br>6301 SHORELINE DR<br>ST PETERSBURG, FL 33708 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                        | <b>Mailing Address</b><br>6301 SHORELINE DR<br>ST PETERSBURG, FL 33708 US |                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | <b>3. Mailing Address</b><br>1200 Country Club Drive<br>Suite, Apt. #, etc. # 7101                     |                                                                           |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | Suite, Apt. #, etc.                                                                                    |                                                                           |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | City & State<br>Largo, FL                                                                              |                                                                           | <b>4. FEI Number</b><br>59-3244236                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | Zip<br>33771                                                                                           |                                                                           | Country<br>U.S.A.                                                                 |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                           |                                                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HOFSTRA, PETER T<br>8640 SEMINOLE BLVD.<br>SEMINOLE, FL 34642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                        | <b>7. Name and Address of New Registered Agent</b>                        |                                                                                   |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                        | Name                                                                      |                                                                                   |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                        |                                                                                   |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                        | City                                                                      |                                                                                   |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                        | Zip Code                                                                  |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>      |                                                                           |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                           |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>NAME</b><br>HALL, MELINDA      |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>STREET ADDRESS</b><br>6301 SHORELINE DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ST PETERSBURG, FL</b>          |                                                                                                        |                                                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ST PETERSBURG, FL                 |                                                                                                        |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>NAME</b><br>HALL, SAM N        |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>STREET ADDRESS</b><br>6301 SHORELINE DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SAINT PETERSBURG, FL 33708</b> |                                                                                                        |                                                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SAINT PETERSBURG, FL 33708        |                                                                                                        |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b>             |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY-ST-ZIP                       |                                                                                                        |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b>             |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY-ST-ZIP                       |                                                                                                        |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b>             |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY-ST-ZIP                       |                                                                                                        |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b>             |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY-ST-ZIP                       |                                                                                                        |                                                                           |                                                                                   |  |
| <b>TITLE</b><br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b>             |                                                                                                        | <input type="checkbox"/> Delete                                           |                                                                                   |  |
| <b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY-ST-ZIP                       |                                                                                                        |                                                                           |                                                                                   |  |
| <b>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.</b> |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Melinda Hall</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| 2/3/04 (727) 586-3292                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                        |                                                                           |                                                                                   |  |
| Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                        |                                                                           |                                                                                   |  |

**EFFECTIVE IMMEDIATELY:**

**LONG BAYOU DEVELOPMENT, INC.  
HAS LEFT THE BUILDING!**

**OUR NEW ADDRESS AND PHONE IS AS  
FOLLOWS:**

**LONG BAYOU DEVELOPMENT, INC.  
C/O COUNTRY CLUB DRIVE DEV.  
1200 COUNTRY CLUB DRIVE #7101  
LARGO, FL 33771**

**PHONE: (727) 586-3292  
FAX: (727) 586-7013**

**THANK YOU!!**

**LONG BAYOU DEVELOPMENT, INC.**