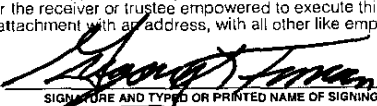


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90069 034 ***150.00

DOCUMENT # P97000109057 1. Entity Name ROCKY BAYOU ENTERPRISES, INC.			
Principal Place of Business 2 INDUSTRIAL PARK LN. DESTIN, FL 32541		Mailing Address 2 INDUSTRIAL PARK LN. DESTIN, FL 32541	
2. Principal Place of Business 50 Hill Ave N.W. Suite, Apt. #, etc. BLDG #B City & State Fort Walton Beach, FL Zip 32548 Country OKLAHOMA		3. Mailing Address 50 Hill Ave N.W. Suite, Apt. #, etc. BLDG #B City & State Fort Walton Beach, FL Zip 32548 Country OKLAHOMA	
4. FEI Number 59-3486556		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent HAUGHT, BRUCE A 385-205 HWY 98 BLDG 2 STE 2101 DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMAN, GREGORY L 308 TIPPERARY WAY NICEVILLE, FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEMAN, KATHLEEN M 308 TIPPERARY WAY NICEVILLE, FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Date 1/15/04 Daytime Phone # 850-244-4567	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			