

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                               |                                                                |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 182992</b><br>1. Entity Name<br><b>J.C. BYRD INVESTMENT &amp; CONTRACTING CO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                               |                                                                |                                                                                        |  |
| Principal Place of Business<br><b>514 BROOKER RD.<br/>BRANDON FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                               | Mailing Address<br><b>514 BROOKER RD.<br/>BRANDON FL 33511</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | City & State                                  |                                                                | 4. FEI Number <b>59-1325216</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                         | Zip                                           | Country                                                        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BYRD, VIRGINIA<br/>514 BROOKER RD.<br/>BRANDON FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                               |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____<br><small>Signature typed or printed name of registered agent and the filer (Note: Registered agent signature required when re-appointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                               |                                                                |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                               |                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD<br>BYRD, LILLIAN C<br>1203 GREENVIEW DR.<br>LAKELAND FL      | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP<br>BYRD, WILLIAM C.<br>207 WINDSOR DRIVE<br>WARNER ROBINS GA | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP               | 000000890745 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>04/22/08-00108-002 158.75                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>BYRD, VIRGINIA<br>514 BROOKER RD<br>BRANDON FL 33511       | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                 |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                 |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                 |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |                                                                 |                                               |                                                                |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <i>Virginia Hill Byrd Pres.</i> <b>4-8-08</b> <b>813-684076</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                               |                                                                |                                                                                                                                                                         |  |