

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034178

Entity Name: G.M. BYRD INSURANCE, INC.

FILED  
Jul 02, 2007  
Secretary of State

## Current Principal Place of Business:

1000 PARKVIEW DR., UNIT 420  
HALLANDALE, FL 33009

## New Principal Place of Business:

1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019

## Current Mailing Address:

1000 PARKVIEW DR., UNIT 420  
HALLANDALE, FL 33009

## New Mailing Address:

1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019

FEI Number: 61-1409320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRD, GLENIE M  
1000 PARKVIEW DR., UNIT 420  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

BYRD, GLENIE M  
1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019 US

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

07/02/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BYRD, GLENIE M  
Address: 1000 PARKVIEW DR., UNIT 420  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BYRD, GLENIE M  
Address: 1526 BREAKWATER TERRACE  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify 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: GLENIE MARIE BYRD

Electronic Signature of Signing Officer or Director

PRES

07/02/2007

Date