

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000004118**

1. Entity Name  
**BYRNE'S B'S ELECTRIC CO.**



Principal Place of Business  
**1320 HWY. 3 SOUTH  
LEAGUE CITY, TX 77537**

Mailing Address  
**1320 HWY. 3 SOUTH  
LEAGUE CITY, TX 77537**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-1543885**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**RICHARDS, KELLY  
1110 REUS ST.  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS BYRNE, KEVIN B 1320 HWY. 3 SOUTH LEAGUE CITY, TX 77537
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1100000599058  
01/25/07-80011-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not contain any of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate. 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kevin B. Byrne*

Date

Day and Phone #

**01-17-07**

**281-316-9702**