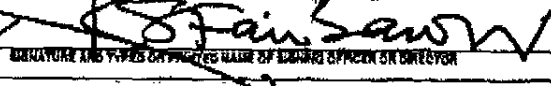


Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F26429		
1. Entity Name BYRON LEISURE CORP.		
Principal Place of Business ATTN: PATTI HARDIN, CPA 1470 ROYAL PALM SQ. BLVD. FT MYERS, FL 33919		Mailing Address ATTN: PATTI HARDIN, CPA 1470 ROYAL PALM SQ. BLVD. FT MYERS, FL 33919
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARDIN, PATTI R 1470 ROYAL PALM SQ. BLVD. FT MYERS, FL 33919		DO NOT WRITE IN THIS SPACE
11. 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 registering)		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FAIRBAIRN, KENNETH S 128 LADY BYRON LANE SOLIHUL, UNITED KINGDOM,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 4/20/04



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2129778Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
 U00000139265
 04/29/04-80114-021 150.00

**DO NOT WRITE
IN THIS SPACE**