


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K09619**  
 1. Entity Name  
 HY-BYRD INCORPORATED



Principal Place of Business      Mailing Address  
 511 EAST COAST ST SO      511 EAST COAST ST SO  
 LAKE WORTH, FL 33460      LAKE WORTH, FL 33460 US

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0060264      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRISAFULLE, JOSEPH  
 2521 DONNELLY DRIVE  
 LAKE WORTH, FL 33462

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRISAFULLE, JOSEPH
STREET ADDRESS	2521 DONNELLY DR.
CITY-ST-ZIP	LANTANA, FL
TITLE	STD
NAME	HOWELL, TAMMY
STREET ADDRESS	12029 56TH PLACE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33441
TITLE	V
NAME	CRISAFULLE, MICHAEL
STREET ADDRESS	26 WEST CYPRESS RD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1005010246226  
 02-28-05-00057-028 158.75

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: 3-01-04      Daytime Phone #: 561-547-5701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR