

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90022 041 \*\*\*150.00

**DOCUMENT # K61728**

1. Entity Name  
BYRD INSURANCE AGENCY, INC.



Principal Place of Business  
1509 SOUTH STREET  
STE-1  
LEESBURG, FL 34748 US

Mailing Address  
P O BOX 1335  
LEESBURG, FL 34749 US

**94017860**



2. Principal Place of Business

3. Mailing Address

1509 South Street

Suite, Apt. #, etc.

Suite # 3

City & State  
Leesburg FL

City & State

Zip  
34748

Country  
US

Zip

Country

02162004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2926235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, DOLLY A  
1509~~3~~ SOUTH STREET  
LEESBURG, FL 34748

1509-3

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Dolly A. Butler*

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

(NOTE: Registered Agent signature required when reinstating)

*2-16-04*

DATE

**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 PS ☐ Delete  
NAME BUTLER, DOLLY A  
STREET ADDRESS 1323 WARD DRIVE  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE ST ☐ Delete  
NAME BUTLER, MICHAEL A  
STREET ADDRESS 1323 WARD DRIVE  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE T ☐ Delete  
NAME WORMWOOD, GEORGIA A  
STREET ADDRESS 510 ALEXANDER STREET  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE AS ☐ Delete  
NAME WARD, CHRIST K  
STREET ADDRESS 1313 WARD DRIVE  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

*Dolly A. Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-16-04 352-326-5400*