

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: 1509 South Street
 3. Mailing Address

Suite, Apt. #, etc.: Suite # 3
 Suite, Apt. #, etc.

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 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, State (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 DATE: 2-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: BUTLER, DOLLY A STREET ADDRESS: 1323 WARD DRIVE CITY-ST-ZIP: GROVELAND, FL 34736	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: BUTLER, MICHAEL A STREET ADDRESS: 1323 WARD DRIVE CITY-ST-ZIP: GROVELAND, FL 34736	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: WORMWOOD, GEORGIA A STREET ADDRESS: 510 ALEXANDER STREET CITY-ST-ZIP: LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: WARD, CHRIST K STREET ADDRESS: 1313 WARD DRIVE CITY-ST-ZIP: GROVELAND, FL 34736	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 2-16-04 352-326-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #