

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61728

FILED
Jan 25, 2005
Secretary of State

Entity Name: BYRD INSURANCE AGENCY, INC.

Current Principal Place of Business:

1509 SOUTH STREET
SUITE 3
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1335
LEESBURG, FL 34749 US

New Mailing Address:

P O BOX 491335
LEESBURG, FL 34749 US

FEI Number: 59-2926235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, DOLLY A
1509-3 SOUTH STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BUTLER, DOLLY A
Address: 1323 WARD DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: ST () Delete
Name: BUTLER, MICHAEL A
Address: 1323 WARD DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: WORMWOOD, GEORGIA A
Address: 510 ALEXANDER STREET
City-St-Zip: LEESBURG, FL 34748

Title: AS () Delete
Name: WARD, CHRIST K
Address: 1313 WARD DRIVE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLLY A. BUTLER

PS

01/25/2005

Electronic Signature of Signing Officer or Director

Date