

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # K78037	
1. Entity Name RICHARD BYRD CARETAKING, INC.	

Principal Place of Business % INEZ W. BYRD 3251 HARBOR BEACH DRIVE LAKE WALES, FL 33853	Mailing Address % INEZ W. BYRD 3251 HARBOR BEACH DRIVE LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE

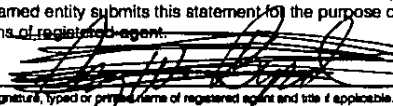


04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2950764	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BYRD, INEZ W. 3251 HARBOR BEACH DRIVE LAKE WALES, FL 33853
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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 	DATE 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

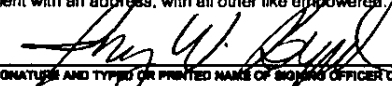
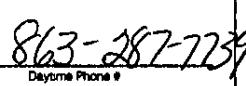
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	BYRD, I. RICHARD 3251 HARBOR BEACH DRIVE LAKE WALES, FL
TITLE D	BYRD, INEZ W. 3251 HARBOR BEACH DRIVE LAKE WALES, FL
TITLE	
TITLE	
TITLE	
TITLE	

000000711678
04/26/07-80016-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DAYTIME PHONE #: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		