


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L33736	
1. Entity Name BYRD CORPORATION OF CLEARWATER, INC.	

Principal Place of Business BYRD, ROBERT W 1208 S. MYRTLE AVE. CLEARWATER, FL 33756 US	Mailing Address BYRD, ROBERT W 1208 S. MYRTLE AVE. CLEARWATER, FL 33756 US
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2980061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BYRD, ROBERT W
1208 S MYRTLE AVENUE
CLEARWATER, FL 33756

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 _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000036569 02/06/04-80065-003 150.00
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	-------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRD, ROBERT W. 1208 S. MYRTLE AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRD, BROOKS P 1208 S. MYRTLE AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  Robert W. Byrd 2/02/04 727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #