

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 033 ***150.00

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

40004968



01042005

Chg-P

CR2E034 (10/03)

2. Principal Place of Business

100 Carillon Parkway

3. Mailing Address

100 Carillon Parkway

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

St. Petersburg, FL

City & State

St. Petersburg FL

Zip

33716

Country

USA

Zip

33716

Country

USA

4. FEI Number

59-2980061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYRD, ROBERT W
1208 S. MYRTLE AVENUE 100 Carillon Parkway Suite 100
CLEARWATER, FL 33756 St. Petersburg, FL 33716

7. Name and Address of New Registered Agent

Name

Robert W. Byrd

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

100 Carillon Parkway Suite 100

City St. Petersburg

FL

Zip Code

33716

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

Robert W. Byrd

Robert W. Byrd

01-19-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
NAME Robert W. Byrd
STREET ADDRESS 100 Carillon Parkway Suite 100
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE V ☒ Change ☐ Addition
NAME Brooks P. Byrd
STREET ADDRESS 100 Carillon Parkway Suite 100
CITY-ST-ZIP St. Petersburg, FL 33716

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 who are empowered.

SIGNATURE:

Robert W. Byrd

Robert W. Byrd

01-19-05

727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #