

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L33736

1. Entity Name

BYRD CORPORATION OF CLEARWATER, INC.



Principal Place of Business

100 CARILLON PARKWAY

STE 100

SAINT PETERSBURG, FL 33716 US

Mailing Address

100 CARILLON PARKWAY

STE 100

SAINT PETERSBURG, FL 33716 US

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2980061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BYRD, ROBERT W

100 CARILLON PARKWAY

STE 100

SAINT PETERSBURG, FL 33716

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BYRD, ROBERT W.
STREET ADDRESS	100 CARILLON PARKWAY STE 100
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	V
NAME	BYRD, BROOKS P
STREET ADDRESS	100 CARILLON PARKWAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000685600  
04/09/07-80012-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert W. Byrd* Robert W. Byrd

3/28/07

727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #