

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90021 018 \*\*\*150.00

**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

40035709



2. Principal Place of Business - No P.O. Box #  
10851 Mangrove Cay LN

3. Mailing Address  
PO Box 22326

Suite, Apt. #, etc.  
# 413

Suite, Apt. #, etc.

02042008 Chg-P CR2E034 (12/06)

City & State  
St. Petersburg FL

City & State  
St. Petersburg FL

4. FEI Number  
59-2980061

Applied For  
Not Applicable

Zip  
33716

Country  
USA

Zip  
33742

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BYRD, ROBERT W  
100 CARILLON PARKWAY  
STE 100  
SAINT PETERSBURG, FL 33716

## 7. Name and Address of New Registered Agent

Name

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

10851 Mangrove Cay Lane NE # 413

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

2-5-08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
BYRD, ROBERT W.  
100 CARILLON PARKWAY STE 100  
SAINT PETERSBURG, FL 33716 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
BYRD, BROOKS P  
100 CARILLON PARKWAY  
SAINT PETERSBURG, FL 33716 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
Byrd, Robert W.  
10851 Mangrove Cay Ln NE # 413  
St. Petersburg, FL 33716 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
Byrd, Brooks P.  
10851 Mangrove Cay Ln NE # 413  
St. Petersburg FL 33716 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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

2/05/08

727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #