

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88140

Entity Name: T.W. BYRD'S SONS, INC.

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

10203 SE CR 405
BRANFORD, FL 32008 US

New Principal Place of Business:

11860 EAST US 27
BRANFORD, FL 32008 US

Current Mailing Address:

10203 SE CR 405
BRANFORD, FL 32008 US

New Mailing Address:

11860 EAST US 27
BRANFORD, FL 32008 US

FEI Number: 59-2896447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, JEFF PAUL
935 NE ORCHID ROAD
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BYRD, TWEAD JACK,
Address: 10305 SE CR 405
City-St-Zip: BRANFORD, FL

Title: VD () Delete
Name: BYRD, JEFF PAUL,
Address: 935 NE ORCHID ROAD
City-St-Zip: BRANFORD, FL

Title: SD () Delete
Name: BYRD, EARL,
Address: 2272 NE JEFF WALKER ROAD
City-St-Zip: BRANFORD, FL

Title: TD () Delete
Name: BYRD, J.W.,
Address: 583 NE CR 410
City-St-Zip: MAYO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BYRD

_____ Electronic Signature of Signing Officer or Director

V.P.

03/17/2008

_____ Date